



ARCHDIOCESE OF LOUISVILLE

Employee Benefits Program 2010

and

Summary Plan Description

**Employee Benefits Office
P. O. Box 1073
Louisville, KY 40201-1073**

THE FLEXIBLE BENEFITS ADVANTAGE

The Archdiocese of Louisville provides a Flexible Benefits Program that offers a variety of benefit choices. As a participant in this program, you design the benefits package that best suits your needs.

The Archdiocese provides these benefit options in addition to your basic life insurance and long-term disability protection, sick leave plan, and retirement plan, while continuing to match your Social Security contributions dollar-for-dollar.

PARTICIPATION

If you meet both of the following conditions, you are eligible to participate in the Flexible Benefits Program:

- you are employed by a parish, school, or participating agency;
- you are either a full-year employee or a school-year employee (providing 20 or more hours of weekly service).

Employees hired after January 1 will become eligible participants in the Flexible Benefits Program on the first day of the month following date of hire. To receive any benefits, the Benefit Enrollment Form along with any required applications, must be completed. **If you fail to enroll by the first of the month following date of hire, you will have to wait until the next open enrollment period to enroll.**

CHANGING YOUR BENEFIT ELECTIONS DURING A PLAN YEAR:

The same laws that make it possible for the Archdiocese to provide this Flexible Benefits Program also contain restrictions about making changes in your benefit elections during the course of a plan year.

In general, these laws require that the benefits you select (and the levels of coverage you choose) remain the same for an entire plan year. This will not present a problem for most employees, since the laws contain exceptions for virtually all major events, such as changes in your family status, your employment status, or your spouse's employment status.

If you want to make a change in your benefit selections, you must complete a form providing the reason for the change. This form may be obtained from your bookkeeper. It must be completed, returned to your bookkeeper and submitted to the insurance provider within 31 days of any major event that affects your family status, your employment status, or your spouse's employment status. The change you request will be approved if it complies with the laws governing benefit elections.

FULLY-PAID BENEFITS

BASIC TERM LIFE INSURANCE:

All parish, agency and school employees working 20 hours or more per week are to receive a term life insurance policy in the amount of one and one-half times their annual salary (\$50,000 maximum). Benefits are reduced at age 70.

LONG-TERM DISABILITY:

All parish, agency and school employees working a minimum of 30 hours per week are to receive long-term disability coverage. Should a disability last beyond 180 days, this coverage provides up to 50% of the employee's salary until age 65, dependent on the extent of disability. If employee receives Social Security benefits, insurance benefits decrease. Employees working beyond age 65 have a reduced benefit period.

For a more detailed description of the plans, see your bookkeeper.

OPTIONAL BENEFITS

Benefit choices include:

- Medical plan options offered through Humana
- Dental plan options offered through Humana
- Flexible spending account options
- A cash option that allows you to receive all or part of your benefit dollars in cash as part of your taxable income
- Optional short-term disability insurance

TAX SAVINGS THROUGH FLEXIBLE BENEFITS

After you have selected the benefits you want, simply add up the benefit dollars you need for those options (see the rate sheet on page 12 of this booklet). If you do not have enough benefit dollars to pay for the options you have selected, you can authorize your employer to put part of your own pre-tax earnings into the program to use as additional benefit dollars.

Any of your earnings used to buy benefits under the Flexible Benefits Program are tax free (except for short-term disability insurance). Under Internal Revenue Service guidelines, this money is directed into a flexible benefits account before it is considered to be part of your taxable income. Because this pre-tax money does not show up as taxable income on your paychecks and on your W-2 form, you do not pay federal, state, or Social Security tax on that amount. As a result, your take-home pay will be higher than if you purchased the same benefits with after-tax dollars. Your actual tax savings depend on your total income, your I.R.S. filing status, and your tax deductions.

You should be aware, however, that part of the tax savings under the Flexible Benefits Program occurs because you do not have to pay Social Security tax on any pre-tax earnings you use to buy benefits. While this could result in reduced Social Security benefits, in most cases any reduction will be minimal when compared with the taxes you will save through the years.

Also, certain tax credits may be available based on household income and qualifying dependents. Those tax credits are not available for premiums and expenses paid on a pre-tax basis. Employees should consult with a tax advisor to determine if they are eligible for such tax credits and whether they will benefit more from pre-tax payments or tax credits.

ENROLLING IN THE FLEXIBLE BENEFITS PROGRAM

The following sections of this booklet contain the information you need to make your benefit selections. Before making your selections, take a look at the Benefit Enrollment Form. You may want to complete your enrollment form as you read the following sections of this booklet.

POINTS TO KEEP IN MIND:

- When you are eligible, your employer will provide you with flexible benefit dollars. These are the dollars available for you to use before you put any of your own money into the benefits you select under the Flexible Benefits Program.
- Your benefit needs will depend on your personal circumstances, such as your age, marital status, the needs of your dependents, and any coverage you may have outside of this program. Carefully consider the types of benefits and levels of coverage that are best for you.
- The benefits you choose now will become effective on January 1 (unless your participation starts at a later date), and will remain in effect until December 31. You will make new benefit selections for each calendar year in the future, as long as the Flexible Benefits Program is in effect and you remain a participant.
- If you need help completing your enrollment form, or if you would like more information about a particular benefit option, talk with your bookkeeper.

You are now ready to make your benefit choices.

MEDICAL/DENTAL PLANS

For most of us, medical insurance is a necessity. The cost of medical treatment, particularly for a serious illness or accident, can be a substantial financial burden. That's when the medical/dental plan choices offered under the Flexible Benefits Program can help.

MEDICAL INSURANCE:

Humana health insurance is available to employees working 20+ hours per week and a minimum of 1,000 hours per year. The employer contribution schedule below applies for all parish and grade school employees for 2010.

Full-time employees (30+ hours per week):

The Archdiocese will pay a maximum of \$420 for single; \$480 for employee+1; and \$590 for family insurance.

Part time employees (20+ hours per week):

The Archdiocese will pay \$210 for single; \$240 for employee + 1; and \$290 for family insurance.

Plan	Monthly Premium	Parish Pays for F/T Employee	Parish Pays for P/T Employee
H-500 (Individual)	\$462.08	\$420	\$210
H-500 (E+1)	\$924.14	\$480	\$240
H-500 (Family)	\$1,386.20	\$590	\$290
CC (Individual)	\$419.78	\$419.78	\$210
CC (E+1)	\$839.58	\$480	\$240
CC (Family)	\$1,259.36	\$590	\$290

Please note: Employee contributions toward insurance premiums are paid with pre-tax dollars.

DENTAL INSURANCE:

Several dental plan options are available through Humana and available to employees working 20+ hours per week. Dental coverage is also available for your spouse and eligible dependent children.

COMPLETE DETAILS ABOUT THE PLANS:

Complete details on the medical and dental plan options are contained in the enrollment packets prepared by Humana. Please refer to these packets to learn how the plans work and the coverage they provide.

ELECTING MEDICAL/DENTAL COVERAGE:

1. In the Medical Coverage section of your enrollment form, place a check mark in the appropriate box for the medical plan option you elect.
2. Check the appropriate box if you do not elect medical coverage.
3. In the Dental Coverage section of your enrollment form, place a check mark in the appropriate box for the dental plan you elect.
4. Check the appropriate box if you do not elect dental coverage.

Note: Employees electing medical or dental insurance for the first time or making changes to their present coverage must complete Humana enrollment materials.

SHORT-TERM DISABILITY

You must work a minimum of 30 hours per week to be eligible for this optional benefit.

Short-term disability insurance provides financial protection for you and your family if you are ill or injured and unable to work. It provides coverage for temporary disabilities as well as short-term coverage in the event you are permanently disabled.

SHORT-TERM DISABILITY COVERAGE:

Once medical certification of your disability has been accepted, you will receive 66 2/3% of your basic weekly earnings up to a maximum benefit of \$200 a week. This payment may be in addition to any accrued sick leave pay. Benefit payments will begin on the 14th day of injury or sickness and continue for a maximum of 22 weeks per illness or injury.

As long as you are an eligible employee, this coverage is in effect. If your employment should end for reasons other than illness or temporary disability, your coverage will end at that time.

Short-term disability payments are made **only when work time is missed** due to disability.

Work-related injuries are not covered by short-term disability insurance, but may be covered under workers' compensation insurance.

In the Short-Term Disability Coverage section of your enrollment form, check "Yes" if you wish to purchase this optional coverage. **Evidence of insurability (proof of good health) is required by the insurance carrier (except for new hires) before coverage will be issued. This form is available from your bookkeeper. Please note: Insurance will not become effective until approved by UNUM. This process can take several months.**

If you do not wish to purchase this optional coverage, check the appropriate box.

CONTINUATION OF BENEFITS (COBRA)

NON-RENEWAL/TERMINATION OF CONTRACTS OR EMPLOYMENT:

Any teacher/parish/agency staff leaving archdiocesan employment is no longer an employee effective the date of termination/end of contract. **All archdiocesan group benefits cease the last day of the month in which termination occurs or contract ends. For other school-year employees, benefits end on June 30 unless they are under contract or have a promise of employment for the following school year.** For example, benefits for school teachers end on June 30 if they are not under contract for the following school year.

Should any former employee be rehired by an archdiocesan school/parish/agency in the future, new applications must be completed for all benefits.

Terminated employees **are hereby advised that COBRA is available.**

COBRA:

Humana coverage includes COBRA insurance administration, handled by Ceridian. Once the COBRA Qualifying Event Form has been completed and received by Ceridian, you will receive additional information of your COBRA Rights. Participants will be billed directly at home, and at the Archdiocesan group rate plus 2%. The coverage duration period is based upon the qualifying event.

CONVERSION PRIVILEGE FOR UNUM LIFE INSURANCE:

Life insurance coverage may be converted to an individual policy (limited to current level of coverage only). No increase in amount of coverage is allowed. **Archdiocesan group premium rates do not apply** to converted coverage (increase in premium for converted coverage is significant).

An employee who wants to continue current life insurance coverage after termination must contact UNUM within 15 days after benefits end at 1-866-220-8460 for details.. Participants electing life insurance conversion policies are billed direct at their home address and receive information regarding the plan from the insurance company along with instructions for making monthly premium payments.

HEALTH INSURANCE AND PORTABILITY ACT (HIPPA)

HIPPA is a federal law that became effective July 1, 1997. This federal legislation made some very significant amendments to the Public Health Service Act (PHSA), Employee Retirement Income Security Act (ERISA), and the Internal Revenue Code of 1986. One of the most significant changes is the requirement that employees are provided with a certificate showing evidence of prior health coverage when they leave employment. The insurance provider will furnish this certificate.

FLEXIBLE SPENDING ACCOUNTS

Flexible spending accounts allow you to save taxes on certain expenses you may incur for health care and dependent care for you and your spouse or eligible dependents. You decide if you want to set up one or both of the following accounts and how much you want to put into them.

- A Health Care Account that can reimburse you for certain health care expenses that are not covered or paid by any medical, dental, or vision-care plan in effect for you and your spouse or eligible dependents.
- A Dependent Care Account that can reimburse you for eligible dependent and child care expenses.

HOW THE ACCOUNTS WORK:

These accounts work very much like a checking account:

1. You decide how much you want to deposit in your account each month.
2. Your deposits can come from two sources. You can deposit a portion (or all) of your benefit dollars. And, you can make deposits from your own pre-tax earnings.
3. Claims are handled by a Third Party Administrator (TPA). You will be able to use your Benefits Card or submit claims directly to Administrative Information Management, Inc. (AIM), 10353 Linn Station Road, Louisville, KY 40223. Forms are available on their website: <http://www.aimadministrator.com>) or by contacting your AIM Administrator, Michele Cull at (502) 426-1235.

A WORD ABOUT TAXES:

If you elect to deposit your own money into one (or both) of the flexible spending accounts, those deposits will be deducted from your paycheck on a pre-tax basis. In other words, you will not have to pay federal, state, or Social Security tax on your deposits.

Your tax savings will depend on your income, the amount of your deposits, and your own personal tax situation (exemptions, deductions, etc.).

SPECIAL RULES APPLY:

If you decide to enroll in one (or both) of the flexible spending accounts, you should plan your deposits carefully by reviewing your past expenses and estimating your needs for the plan year. This planning is important because each of the flexible spending accounts is subject to rules established by the Internal Revenue Service. In essence, the following rules apply:

- You cannot transfer money from one account to another.
- You cannot change your deposits during the year unless the change is consistent with a major change in your family status, your employment status, or your spouse's employment status (as previously discussed in this booklet).
- You will forfeit any money remaining in your account(s) at the end of the plan year which is December 31.

To make sure you will not forfeit any money, you should deposit only the amount you think you will need to cover your expenses.

HEALTH CARE ACCOUNT:

The Health Care Account lets you set aside pre-tax money to pay certain health care expenses that are not covered, or paid in full, by any medical, dental, or vision-care plan in effect for you and your spouse or eligible dependents (including medical insurance under the Flexible Benefits Program). Examples include:

- deductibles and co-payments
- nursing care for a specific medical problem
- hearing aids and batteries
- eyeglasses and contact lenses
- dental expenses
- cosmetic surgery
- qualified counseling expenses
- prescriptions

Under a recent ruling by the Treasury Department and Internal Revenue Service, over-the-counter drugs can now be bought with pre-tax dollars. Some examples of eligible expenses are: pain relievers, cough syrup, antihistamines and other over-the-counter medications. Rules do not allow flexible spending accounts to be used for vitamins, toiletries, cosmetics and other items that are not “medicines and drugs” or not necessary for “medical care.”

Generally, any health care expense you could otherwise claim as a deduction for income tax purposes may be reimbursed from this account, with the exception of mileage and parking expenses for medical appointments. In addition, a flexible spending account may not reimburse participants for premiums paid for other health plan coverage, including premiums paid for health coverage under a plan maintained by the employer of the employee’s spouse or dependent.

You should also be aware that health care expenses reimbursed through the Health Care Account **cannot** be claimed as deductions on your income tax return.

DEPENDENT CARE ACCOUNT:

Many working parents and other employees have child care expenses (for children under age 13) or expenses for the care of a disabled spouse, parent, or other family member. The Dependent Care Account lets you set aside pre-tax money to reimburse yourself for those expenses.

To qualify for reimbursement, your dependent care expenses must be incurred for the purpose of enabling you and your spouse (or you alone, if you are not married) to work. If your spouse does not work, you may use this account only if he or she is a full-time student or is not capable of self-care.

Each plan year, you can use the money in your Dependent Care Account to reimburse yourself for eligible dependent care expenses incurred during that year. Examples of eligible expenses include the cost of:

- licensed dependent care center for both children and adults
- nursery school
- dependent care in your home
- dependent care in another person's home (as long as fewer than seven persons are being cared for)

However, you cannot be reimbursed for dependent care provided by your spouse, by a relative being claimed as a dependent on your income tax return, or by any of your children under age 19.

FEDERAL TAX CREDIT VERSUS DEPENDENT CARE ACCOUNT:

If you use day care services, you probably know about the federal tax credit for dependent care expenses. Like the Dependent Care Account, this tax credit reduces the taxes you pay. You cannot use both the tax credit and the Dependent Care Account for the same expenses. In addition, any Dependent Care Account reimbursements must be subtracted from the amount of expenses you can claim for the tax credit.

You must decide which is best for you, the federal tax credit or the Dependent Care Account. Since the actual amount of savings depends on each person's tax situation, it is impossible to provide hard and fast rules. In general, you may find that the federal tax credit will help you save more in federal income taxes. However, since the Dependent Care Account also helps you save on Social Security taxes in addition to federal, state, and local taxes, it usually results in greater total tax savings for most people. You should consult a tax advisor to determine which is better for you, the federal child care tax credit, or the Dependent Care Account.

You should also be aware that to use the tax credit or the Dependent Care Account, you must show on your tax return the name, address, and Social Security number (or other taxpayer identification number) of your dependent care provider. The only exceptions are for certain nonprofit dependent care providers (such as day care centers operated by nonprofit religious or educational organizations).

AMOUNTS YOU MAY PUT INTO YOUR FLEXIBLE SPENDING ACCOUNTS:

Each account has a minimum amount and a maximum amount that you can deposit each calendar year. The minimums and maximums are shown below:

	<u>Minimum per Month</u>	<u>Maximum per Year</u>
Health Care	\$50	\$5,000
Dependent Care	\$50	\$5,000 (single or married filing jointly) \$2,500 (married filing separately)

Regardless of the maximums shown above for the Dependent Care Account, the deposits you make to that account each year cannot exceed your total annual income or your spouse's total annual income, whichever is less.

If your spouse is a full-time student or is not capable of self-care, IRS guidelines will be used to determine the amount of his or her total annual income for this purpose.

REIMBURSEMENTS FROM YOUR ACCOUNTS:

If you enroll in one (or both) of the flexible spending accounts, you will need to do one of the following to use or be reimbursed for your expenses.

1. Use your Benefits Card.
2. Obtain a claim form from the AIM Website, <http://www.aimadministrator.com>).
3. You may fax your claims and information to (502) 426-6569. If your document is large or otherwise not faxable, please mail to AIM's physical address: 10353 Linn Station Road, Louisville, KY 40223.

Note: Reimbursements are made only for expenses incurred while flexible spending accounts are in effect. (e.g., if you establish a Health Care and/or Dependent Care Account effective January 1, you cannot submit receipts for expenses incurred before that date).

WHEN YOUR FLEXIBLE SPENDING ACCOUNTS WILL END:

Your Health Care and/or Dependent Care Account will end on the last day of the month of active employment or on the date you are no longer eligible to participate in the Flexible Benefits Program.

WHEN THIS HAPPENS:

- You will forfeit any money left in your Health Care Account. However, you will have **60 days** in which to submit any claims for health care expenses incurred before the date your employment ended or before the date you became ineligible for the Flexible Benefits Program.
- You may continue to file claims for eligible expenses from your Dependent Care Account for the remainder of the plan year, or until there are no funds remaining in your account, whichever comes first.

WHAT HAPPENS IF MY CLAIM FOR BENEFITS IS DENIED?:

- A Claimant is entitled to a full and fair review of a denied claim.
- You must submit a request for a review of a denied claim to the Plan Administrator within 90 days after you receive written notice of the denial.
- The Plan Administrator makes a decision on review not later than 60 days after the Plan receives a request for review with specific reasons for the decision.

ELECTING FLEXIBLE SPENDING ACCOUNTS
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1. In the Flexible Spending Accounts section of your enrollment form, check the appropriate box if you want to establish a Health Care Account, a Dependent Care Account, or both.
2. If you are establishing a Health Care Account, enter the amount you want to deposit each month.
3. If you are establishing a Dependent Care Account, enter the amount you want to deposit each month.
4. If you do not want to establish a Flexible Spending Account, check the appropriate box.

CASH OPTION

Under the Flexible Benefits Program, you can receive all, or any portion of your benefit dollars in cash as part of your regular taxable income.

If you take your benefit dollars entirely in cash, you will receive additional monthly taxable income of \$60 if you are employed 20 or more hours per week but less than 30 hours per week, or additional monthly taxable income of \$125 if you are employed 30+ hours per week.

Unused benefit dollars (any amount remaining after you have made your benefit selections) will also be added to your regular taxable income.

ENROLLMENT CHECK LIST

Please take the following steps to complete your enrollment:

1. Be sure to supply complete information for each item listed as well as the "Employee Information" section at the top of your form.
2. Follow the instructions previously provided in this booklet for selecting your benefits.
3. All employees electing medical or dental insurance for the first time must complete a Humana enrollment application. Employees making changes to their present coverage must complete a Humana Change Form.
4. Return the **signed** Benefit Enrollment Form along with any Humana medical or dental enrollment or change materials.
5. During open enrollment for 2010, the enrollment or change process must be completed online at the Humana website.

In order to ensure benefit coverage, do not delay enrolling.

The plan descriptions contained in this booklet are summaries only. Full details of the Flexible Benefits Program and its benefit options are available through the plan documents and insurance contracts, which define and govern the actual plan benefits. In case of any conflict between this booklet and the plan documents or insurance contracts, the provisions of the applicable plan documents or insurance contracts will control.

Archdiocese of Louisville

2010 Insurance Rate Sheet

I. MONTHLY PRE-TAX PREMIUMS:

Health Insurance	Humana 500	ChoiceCare Coverage First
Individual	\$462.08	\$419.78
Employee +1	\$924.14	\$839.58
Family	\$1,386.20	\$1,259.36

Dental Insurance	Preventive Plus	Humana PPO	Traditional Preferred
EE	\$12.42	\$22.52	\$30.18
EE+SP	\$27.10	\$39.78	\$59.92
EE+CH	\$30.40	\$44.14	\$61.10
Family	\$47.30	\$75.62	\$99.14

II. MONTHLY AFTER-TAX PREMIUMS:

SHORT-TERM DISABILITY INSURANCE	Cost per \$10 of weekly payment
(66 2/3% of salary to a maximum of \$200 per week)	\$.45
<p>Example:</p> <p>Employee earning \$350 per week is eligible to receive \$200 per week in disability income (66 2/3% of \$350 to a maximum of \$200 per week). Based on \$.45 per \$10 of weekly coverage (cost to employee is \$9 per month).</p> <p>Employee earning \$225 per week is eligible to receive \$150 (66 2/3% of \$225) in disability income. Based on \$.45 per \$10 of weekly coverage (cost to employee is \$6.75 per month).</p>	

In addition to the benefits offered through the flexible benefits plan, Archdiocese of Louisville employees are eligible for the following benefits:

FAMILY AND MEDICAL LEAVE ACT

The FMLA entitles eligible employees to take up to 12 weeks of unpaid, job-protected leave each year for specified family and medical reasons. To be eligible to request FMLA, the employee must have worked a full year for the Archdiocese of Louisville

HEALTH INSURANCE FOR EARLY RETIREES

Retiring employees who have reached age 55 and have worked for the Archdiocese of Louisville for a minimum of 10 consecutive years immediately prior to retirement have the option to continue on the medical insurance plan until they are eligible for Medicare. Employee must have had health insurance coverage through the Archdiocese of Louisville for at least three years immediately prior to retirement. Contact the Chancery Benefits Office for further information.

KENTUCKY TELCO CREDIT UNION

Employees are eligible to participate in Kentucky TELCO Credit Union which offers checking and savings accounts as well as options for obtaining credit cards and consumer loans.

RETIREMENT

Eligible lay employees may join the Plan on January 1, April 1, July 1, or October 1 coinciding with or next following completion of the eligibility requirements. An assigned ordained diocesan priest will automatically join the Plan on July 1, October 1, January 1, or April 1 following the date of ordination or transfer to the diocese. After becoming a participant, you can make salary deferral contributions to the Plan only through payroll deductions. For complete details, see the SUMMARY PLAN DESCRIPTION FOR THE CATHOLIC ARCHDIOCESE EMPLOYEES RETIREMENT PLAN.

RETREAT/PERSONAL DAYS

Full-time employees (30+ hours per week) and regular part-time employees (14+ hours per week) will be granted two paid days per year for the purpose of retreat activities or personal days. Regular part-time employees (14+ hours per week) will receive a pro-rated amount of pay for each personal day. Unused retreat/personal days may not be accumulated. However, at the end of each school year (or calendar year for 12-month employees) unused personal days may be converted to sick days and added to the employee's accrued sick-day bank. Unused retreat/personal days will not be paid at time of termination.

SICK TIME

Regular full-time employees (30+ hours per week) will receive paid sick time based on the employee earning one sick day per month worked. Regular part-time employees (14+ hours per week) will earn sick time in proportion to the part-time hours worked. A sick day is earned the last day of each month worked. Sick days can be accrued up to the maximum number determined by archdiocesan policies.

Departing employees who have reached age 55, and have worked for the Archdiocese for a minimum of 10 consecutive years, will receive pay for one-third of their accrued sick days at their daily rate of pay at time of retirement.

SOCIAL SECURITY TAXES (FICA)

Social Security tax (FICA) that is deducted from an employee's pay will be matched by an equal contribution from the employer.

VACATION

Employees who work a full 12-month year at a minimum of 14 hours per week will receive paid vacation. Employees in positions requiring them to work less than 12 months are not eligible to receive paid vacation. Refer to the Archdiocese of Louisville Personnel Policies and Procedures Manual for complete details.

WORKERS' COMPENSATION

All archdiocesan employees are covered by workers' compensation benefits should they be injured on the job. Any job-related accident should be reported to the supervisor immediately and a written report filed. Accidents not causing serious injury should also be reported since complications may arise later. Delayed reports could result in a lack of coverage.

UNEMPLOYMENT COMPENSATION

Employees are not eligible to receive unemployment compensation related to their work with the Archdiocese of Louisville. The Kentucky Supreme Court (May 26, 1981) held that Church and Church-related schools that do not have separate legal existence are exempt from the coverage of the Federal Unemployment Tax Act.

STATEMENT OF PARTICIPANTS' RIGHTS

As a Participant in the Archdiocese of Louisville Benefits Program, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all plan Participants shall be entitled to:

Receive Information About Your Plan and Benefits:

1. Examine, without charge, at the Plan Administrator's office all documents governing the plan, including insurance contracts.
2. Obtain copies of all plan documents and other plan information, including insurance contracts, and updated summary plan descriptions, upon written request to the Plan Administrator. The Administrator may make a reasonable charge for the copies.
3. Receive a summary of the plan's annual financial report if one is required to be filed. The Plan Administrator is required by law to furnish each Participant with a copy of this summary annual report.

Continue Group Health Plan Coverage:

You may have a right to continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the plan as a result of a qualifying event. Review this summary plan description and the plan documents governing your COBRA continuation coverage rights.

There may be a reduction or elimination of exclusionary periods of coverage for preexisting conditions under your group health plan, if you have creditable coverage from another plan. You should be provided a certificate of creditable coverage, free of charge, from your group health plan or health insurance issuer when you lose coverage under the plan, when you become entitled to elect COBRA continuation coverage, when your COBRA continuation coverage ceases, if you request it before losing coverage, or if you request it up to 24 months after losing coverage. Without evidence of creditable coverage, you may be subject to a preexisting condition exclusion for 12 months (18 months for late enrollees) after your enrollment date in your coverage.

Prudent Action by Plan Fiduciaries:

In addition to creating rights for Plan Participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your Plan, called fiduciaries of the Plan, have a duty to do so prudently and in the interest of you and other Plan Participants and beneficiaries. No one, including your employer, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.

Enforce Your Rights:

If your claim for a benefit is ignored or denied in whole or in part you must have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request materials to which you are entitled from the Plan Administrator and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, or if you disagree with a decision regarding the qualified status of a medical child support order, you may file suit in a state or federal court. If Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

Assistance With Your Questions:

If you have any questions about your Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, U.S. Department of Labor, 200 Constitution Avenue N.W. W, Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publication hotline of the Employee Benefits Security Administration.

GENERAL INFORMATION

Plan Employer:	Roman Catholic Bishop of Louisville, a corporation sole, its parishes, agencies or participating related Catholic agencies 212 East College Street, P. O. Box 1073 Louisville, KY 40201-1073
Employer Identification Number:	61-0447247 Plan Number: 502
Plan Administrator and Agent for Service:	Roman Catholic Archbishop Archdiocese of Louisville 212 East College Street, P. O. Box 1073 Louisville, KY 40201-1073
Contact:	Dr. Brian B. Reynolds, Chancellor (502) 585-3291