



**ARCHDIOCESE OF ST. LOUIS**  
**Employee Benefit Plan 2017– 2018**

**Employee Benefits Guide**



*Office of Human Resources  
Cardinal Rigali Center  
20 Archbishop May Drive  
St. Louis, MO 63119-5004  
314.792.7546  
314.792.7548 (fax)  
[benefits@archstl.org](mailto:benefits@archstl.org)  
[archstl.org](http://archstl.org)*



**ARCHDIOCESE OF ST. LOUIS**  
**Employee Benefit Plan 2017 - 2018**

**Welcome to working for the Archdiocese of St. Louis. This guide contains a brief summary of your benefits. For more detailed plan documents, forms, and schedule of benefits, please access the Archdiocesan Benefits Website.**

**ARCHDIOCESAN BENEFITS WEBSITE**

The Archdiocese maintains an up-to-date benefit website detailing comprehensive benefit information. The website address is: [archstl.org/hrbenefits](http://archstl.org/hrbenefits). Click on “Archdiocesan Employee Benefits.” Then click on the specific benefit plan on the left for your review of comprehensive plan documents and forms for your review.

**BENEFITS ELIGIBILITY CRITERIA FOR EMPLOYEES:**

Medical/Dental/Rx Health Insurance with United Healthcare Choice Plus and Delta Dental of Missouri	1000 hours annually or more
Voluntary Life Insurance with Hartford	1000 hours annually or more
Basic Life Insurance with Hartford	1000 hours annually or more
Long Term Disability (LTD) with Unum	1000 hours annually or more
403(b) Retirement Plan	
• Employer Contributions	1000 hours annually or more
• Employee Contributions	No minimum hours required

**BENEFITS ELIGIBILITY CRITERIA CONTINUED:**

Employee Assistance Plan (EAP) with Catholic Family Services	1000 hours annually or more
Flexible Spending Account (FSA) with Tristar Group	1000 hours annually or more
Adoption Assistance Program with Good Shepherd Children & Family Services	1000 hours annually or more

**WAITING PERIOD FOR PLAN TO BECOME EFFECTIVE:**

Medical/Dental/Rx Health Insurance with United Healthcare Choice Plus and Delta Dental of Missouri	No waiting period
Voluntary Life Insurance with Hartford	No waiting period
Basic Life Insurance with Hartford	No waiting period
Long Term Disability (LTD) with Unum	1 <sup>st</sup> of the month after 90 days
403 (b) Lay Retirement Plan	
• Employer Contributions	1 <sup>st</sup> of the month after one year
• Employee Contributions	No waiting period
Employee Assistance Plan (EAP) with Catholic Family Services	No waiting period
Flexible Spending Account (FSA) with Tristar Group	No waiting period
Adoption Assistance Program with Good Shepherd Children & Family Services	1 <sup>st</sup> of the month after one year

## **OPEN ENROLLMENT**

If you are eligible for benefits, you must either be enrolled in the Archdiocesan Health Insurance Plan or actively waive coverage.

As a new employee with the Archdiocese, your “Open Enrollment Period” is the first thirty-one (31) days of your employment. For an employee, the effective date of health plan coverage is the first day of employment, once the employer receives the completed enrollment form. Please submit your enrollment form to your employer within 31 days of the first day of employment, selecting one of the two health plans with United Healthcare Choice Plus, the Standard or the Premier Plan.

You must enroll during this time in order to receive your benefits. If you choose to not enroll during your first 31 days of the Open Enrollment Period and decide to join at a later date, you will have to have a qualifying event in order to enroll as a *Special Enrollee* or wait until the next Open Enrollment Period held during May, to take effect July 1, 2018.

Your benefit elections will stay in place until the next Open Enrollment period unless you have a “qualifying event” as defined by the IRS.

You must notify your Benefits Administrator within 31 days of the qualifying event to change a benefit election. The following events qualify you for a change in coverage:

- Marriage
- Divorce
- Legal separation
- Birth or placement for adoption of a child
- Death
- Ineligibility of a dependent
- Loss of other coverage (proof of lost coverage will be required)
- Termination of employment
- Change in your employment status or that of your spouse
- Change in health coverage attributable to your employment or that of your spouse
- A court order
- Entitlement to Medicare or Medicaid

**MONTHLY COST OF THE INSURANCE**

<b>Full Time Employee Health Insurance Premiums</b>			
<b>7/1/2017 - 6/30/2018</b>	<b>Employee</b>	<b>Employee +1 Dependent**</b>	<b>Employee +Family**</b>
<u>UnitedHealthcare</u> <b>Standard Plan</b>			
Employee Contributions	\$ 75.90 (15%)	\$ 279.00 (25%)	\$ 377.50 (25%)
Employer Contributions	\$430.10 (85%)	\$ 837.00 (75%)	\$1,132.50 (75%)
Total Monthly Premium	\$506.00	\$1,116.00	\$1,510.00
<u>United Healthcare</u> <b>Premier Plan</b>			
Employee Contributions	\$111.00 (15%)	\$ 371.50 (25%)	\$ 468.50 (25%)
Employer Contributions	\$629.00 (85%)	\$1,114.50 (75%)	\$1,405.50 (75%)
Total Monthly Premium	\$740.00	\$1,486.00	\$1,874.00
One dependent may be either a spouse or a dependent child.			

**\*\*Please review the Spousal Surcharge Policy**

<b>Part Time or more and less than Full Time Employee Health Insurance Premiums (1,000 hours or more but less than 1,820 hours annually)</b>			
<b>7/1/2017 - 6/30/2018</b>	<b>Employee</b>	<b>Employee + 1 Dependent**</b>	<b>Employee +Family**</b>
<u>UnitedHealthcare</u> <b>Standard Plan</b>			
Employee Contributions	\$202.40 (40%)	\$ 558.00 (50%)	\$ 755.00 (50%)
Employer Contributions	\$303.60 (60%)	\$ 558.00(50%)	\$ 755.00 (50%)
Total Monthly Premium	\$506.00	\$1,116.00	\$1,510.00
<u>United Healthcare</u> <b>Premier Plan</b>			
Employee Contributions	\$296.00 (40%)	\$ 743.00 (50%)	\$ 937.00 (50%)
Employer Contributions	\$444.00(60%)	\$ 743.00 (50%)	\$ 937.00 (50%)
Total Monthly Premium	\$740.00	\$1,486.00	\$1,874.00
One dependent may be either a spouse or a dependent child.			

**\*\*Please review the Spousal Surcharge Policy**

If you are a full-time employee for the Archdiocese, your monthly payroll deductions for medical, prescription, and dental benefits are shown in the full-time employee table. If you are a part-time or more and less than full-time employee, see the part-time employee table. Please note that your payroll deducted contribution is dependent upon employment status (full-time or part-time), the insurance plan (Standard or Premier), and the number of dependents. Please check with your employer to verify your share of the monthly premium.

**SPOUSAL SURCHARGE POLICY**

The health insurance plan has a spousal surcharge, whereby employees will pay an additional cost to cover a spouse who is eligible for employer-subsidized health insurance coverage through their own employer. The spousal surcharge of \$125 per month is in addition to the usual employee contribution cost for the health insurance. There are a number of exemptions to the spousal surcharge. To assist in understanding the spousal surcharge, its administration, and to access an exemption form, please go to the website: <http://archstl.org/spousalsurcharge>.

**WAIVER OF HEALTH INSURANCE**

Due to health care reform, if you are eligible for benefits, you must either be enrolled in the Archdiocesan Health Insurance Plan or actively waive coverage.

Employees who waive health insurance coverage must sign a waiver of coverage and indicate why they are waiving their right to coverage. Please complete an [Employee Health Insurance Form](#) to waive coverage. The form is on the HRBenefits website at [archstl.org/hrbenefits](http://archstl.org/hrbenefits), “Forms” on the left side of the screen. Complete sections A, D, & E, if you do not want health insurance coverage. Please give the signed form waiving coverage to your employer’s benefits administrator.

## **HEALTH INSURANCE PLAN DESIGN**

A participant of the health insurance plan receives the following two benefits bundled together in one comprehensive plan:

### **1. Medical Coverage: UnitedHealthcare Choice Plus (UHC)**

Select the health care option that best suits your individual needs. You may choose one of the following two health care options with UHC offered by the Archdiocese for this plan year 2017 – 2018:



1. UHC Standard Plan
2. UHC Premier Plan

Select the coverage type: Employee Only, Employee + One, or Employee + Family.

### **Dependents:**

Your eligible dependents may include the following:

- Your spouse to whom you are married as recognized by the laws of the Catholic Church or the laws of the State of Missouri. It is always understood for this purpose that the spouse is of the opposite sex.
- Your child who is married or unmarried, without respect to student or dependency status, until the child's 26<sup>th</sup> birthday. It is the responsibility of the employee/participant to monitor dependent's eligibility.
- Your unmarried dependent child older than age 26 who is mentally or physically disabled and depends on you for support and care.

The prescription coverage is provided by OptumRX and is included with the medical plan. You present your medical ID card to your pharmacy for coverage.

To access the Summary of Benefits and Coverage (SBC) to help you understand the two benefit options, you can go to: [UnitedHealthcare Plan Information](#).

\*On the HRBenefits website you will find more information on the enrollment forms, plan documents, schedule of medical benefits, and United Healthcare Choice Plus (UHC) Standard or Premier Plan information. Please refer to page 10 of this booklet for a spreadsheet of benefit comparisons of the two health insurance plans.

In the event that you enroll in the health insurance plan, [www.myuhc.com](http://www.myuhc.com) is your best tool for claims, providers, prescriptions, and other health information.

### **2. Dental Coverage through Delta Dental of Missouri**



Dental coverage is provided with the medical plans and may not be selected separately from the medical plans. The dental program offers two networks of dentists, Delta Dental PPO and Delta Dental Premier Network. You or your dependent(s) have the freedom to choose any PPO or Premier dentist at any time. The HRBenefits website contains a [Delta Dental Summary of Benefits](#) detailing the Archdiocesan dental plan administered by Delta Dental of Missouri. You will receive your dental ID card at your home address.

## **The Wellness Incentive Program**

The Archdiocesan health plan has a goal to promote, improve and integrate more employee wellness. It is to the benefit to all when an employee identifies health risk factors early and takes steps to minimize those risks. Thus the Archdiocese has a **Wellness Incentive Program**. The HRBenefits website contains comprehensive information regarding the [Wellness Incentive Program](#).

Benefit eligible employees and teachers with a half time or more contract, with at least one year of service, may complete an annual wellness exam with their physician of choice or participate in the Archdiocesan paid H&H Health Associates health screening to receive an Archdiocesan paid, \$250.00 contribution to their Archdiocese of St. Louis sponsored 403(b) retirement plan.

Benefit eligible employees, with less than one year of service, may still participate in the Archdiocesan paid H&H Health Associates health screening to help them stay healthy and avoid serious illness. You may contact H&H directly for a health screening at 314.845.8302.

## **HOW TO ENROLL IN THE HEALTH PLAN**

To enroll in the United Healthcare Standard or Premier Plan for the medical, dental, and prescription coverage, you must complete the *Employee Health Insurance Form*. The form is on the HRBenefits website at [archstl.org/hrbenefits](http://archstl.org/hrbenefits) click on “Forms” on the left side of the screen. Return the completed form to your employer’s benefits administrator within 31 days of your first day of active employment. Retain a copy for your records. Your medical ID card will be mailed to your home address.

## **ANNUAL OPEN ENROLLMENT PERIOD**

The health plan you choose now will provide you with coverage through June 30, 2018. If you believe your needs for health care

might be better met in the other UHC health plan option, you will be given the opportunity during the Open Enrollment Period in May 2018 to select the different health plan option that would take effect July 1, 2018.

## **HEALTH INSURANCE PLAN CHANGES**

The premium rates and the various plan benefits are in place until June 30, 2018, at which time the premiums and/or plan benefits may be modified to continue the best possible health care coverage at a reasonable cost to all, and to ensure the fiscal integrity of the Archdiocesan Employee Benefit Plan.

## **PRE-TAX HEALTH INSURANCE PREMIUM PLAN & FLEXIBLE SPENDING ACCOUNT (FSA)**

Your employee contributions for the health insurance premium will be automatically deducted from your paycheck with before-tax dollars. The goal of the IRS Section 125 Flexible Spending Account is to provide you and your family with the same medical insurance coverage at a lower cost. You may waive this automatic pre-tax election in order to have the premium deducted on an after-tax basis.

An advantage of the after-tax election is the freedom to terminate your health coverage and/or your dependent’s coverage any time throughout the year. With a pre-tax election (which saves you money), the Internal Revenue Service (IRS) rule states that you cannot terminate your health insurance coverage during the year unless you have a Life Event/Qualified Status Change, and the change is made within 31 days of the Life Event/Qualified Status Change.

If you choose to waive the pre-tax plan, the health insurance contributions will be withheld from your pay after taxes are applied for the July 1, 2017 thru June 30, 2018 plan year. The pre-tax waiver will cease on June 30, 2018. You can choose to renew the pre-tax waiver during next year’s Open Enrollment in May, 2018.



## **Flexible Spending Account**

You may also participate in the Flexible Spending Account (FSA) Medical Reimbursement Plan and/or the Dependent Care Reimbursement Plan. Please review the [Tristar Flexible Benefits information](#) on the HRBenefits website. The *FSA Summary of Benefits* and the *FSA Plan Highlights* describe the Archdiocesan Flexible Spending Account to assist you in making your pre-tax decision, Medical Reimbursement Plan, and/or Dependent Care Reimbursement Plan.

## **HOW TO ENROLL IN THE FSA REIMBURSEMENT PLAN AND/OR WAIVE YOUR AUTOMATIC PRE-TAX PREMIUM CONTRIBUTION**

To enroll in the Tristar Medical Reimbursement Plan, Dependent Care Reimbursement Plan and/or to waive pre-tax payroll health insurance contribution, you must complete the *Archdiocese of St. Louis Employee Flexible Spending Plan Election Form*. The election form is on the HRBenefits website at [archstl.org/hrbenefits](http://archstl.org/hrbenefits) click on “Forms” on the left side of the screen. If participating, give the completed election form to your employer’s benefits administrator within 31 days of your first day of active employment. Your coverage effective date is your first date of employment. Retain a copy for your records. If you do not choose to participate in the Flexible Reimbursement Plans or to waive the pre-tax premium contribution, you do not need to complete the Election Form.

## **More Benefits.....**

### **403(b) Lay Retirement Plan**

You may save for your future retirement by making voluntary contributions to a 403(b) retirement account. The retirement account allows several investment choices. To make voluntary contributions, use a *Salary Reduction Agreement Form* and return it to your payroll department. Your contacts for retirement questions and information are Mike Eagen at 314.792.7262 / [Michael\\_Eagen@ajg.com](mailto:Michael_Eagen@ajg.com) or Sharon Gogel at 314.792.7261 / [Sharon\\_Gogel@ajg.com](mailto:Sharon_Gogel@ajg.com) with Gallagher Retirement Services.

Your employer will make a 5% contribution into your retirement account starting with your second year of employment, if you work 1,000 or more. Contributions come from your employer’s funds and are calculated by multiplying your monthly gross salary by 5%.

### **UNUM Long Term Disability (LTD)**



Long Term Disability insurance automatically becomes effective for benefit eligible employees the first of the month after you have completed 90 days of continuous employment. Your employer pays for this benefit. The policy provides some income protection in the event of a long term disability.

## **Hartford Voluntary Life Insurance**

This benefit is a voluntary term life insurance plan and is paid for by you. The Hartford Life Insurance Brochure is on the HRBenefits website. It describes the plan and includes the premium table based on your age and coverage amounts. If you want to purchase this voluntary term life insurance coverage, complete the *Hartford Enrollment Form* and return it to your employer's benefits administrator within 31 days from your first day of employment.


## **Hartford Basic Life Insurance**



All benefit eligible active lay and deacon employees working a minimum of 1,000 hours annually are eligible for the Hartford Basic Life Insurance and Accidental Death & Dismemberment (AD&D) benefit. The Life and AD&D benefit provides your beneficiary one times your employee's basic annual earnings. If you are benefit eligible, your employer will automatically enroll you in the Hartford Life Insurance and AD&D plan, effective your date of hire. There will be no payroll deductions, since it is an employer-paid benefit. The only paper work that your employer requires of you is to complete the *Beneficiary Designation Form*, which is on our website [archstl.org/hrbenefits](http://archstl.org/hrbenefits) click on "Forms" on the left side of the screen. If you choose to also participate in the Hartford Voluntary Life Insurance plan, your beneficiary designation will apply to both the Hartford Voluntary Life and the Hartford Basic Life Insurance plans.

## **Employee Assistance Program with Catholic Family Services**

The [Employee Assistance Program \(EAP\)](#) will be provided to you at no expense through Catholic Family Services. This Program provides confidential, professional counseling for family problems, parenting issues, marital relationship conflicts, and emotional concerns. It is available to you, your spouse, and any dependent children, if you work 1,000 hours annually or more. The toll-free confidential phone line is: 1.888.629.3835.

 Catholic Family Services	
Counseling*	Consultation
Education & Seminars	Assessment & Referral
Crisis Intervention	Toll-free, 24 hour access
*6 Sessions per problem per calendar year Counseling Program	



## **Adoption Assistance Program**

The [Adoption Assistance Program](#) provides up to \$4,000 in financial assistance to you, if you adopt an eligible child. The international or domestic adoption would be processed through Good Shepherd Children and Family Services, a member of Catholic Charities of St. Louis. Please refer to the HRBenefits website for the Adoption Benefit Plan Document for further details.

## **WHO CAN YOU CONTACT FOR BENEFIT QUESTIONS?**

Anne Hager, Benefits Specialist at 314.792.7544 or [AnneHager@archstl.org](mailto:AnneHager@archstl.org)

Michelle Konakci, Human Resource Benefits Assistant at 314.792.7545 or [MichelleKonakci@archstl.org](mailto:MichelleKonakci@archstl.org)

Michael Puetz, Director of Benefits at 314.792.7543 or [Puetz@archstl.org](mailto:Puetz@archstl.org)



## NEW EMPLOYEE ENROLLMENT GUIDELINE

**Do you want to enroll in or actively waive the Archdiocesan Health Insurance Plan (includes Medical, Dental, and Prescription Benefits)?**

**Yes to enroll.** Complete the *Employee Health Insurance Form*

**No, I want to waive.** Complete sections B, D and E of the *Employee Health Insurance Form*.

**Do you want to enroll in the Flexible Spending Accounts (Medical and/or Dependent Care Reimbursement)?**

**Yes.** Complete the *Flexible Spending Account Plan Election Form*

**No.** There is nothing you need to do.

**Do you want to have your health insurance premium contribution deducted on an After-Tax basis?**

**Yes.** Complete the *Flexible Spending Account Plan Election Form*

**No.** There is nothing you need to do.

**Do you want to enroll in the voluntary 403(b) Retirement Account?**

**Yes.** Complete the *Salary Reduction Agreement Form*

**No.** There is nothing you need to do.

**Do you want to enroll in the Voluntary Life Insurance Plan?**

**Yes.** Complete the *Hartford Voluntary Life Enrollment Form* and the *Personal Health Application*, if applicable.

**No.** There is nothing you need to do.

These forms can be obtained on the Archdiocesan website at [archstl.org/hr/page/forms](http://archstl.org/hr/page/forms) or from your benefits administrator. Return the completed forms to your benefits administrator within 31 days of your first day of work or first date of employment.

**ARCHDIOCESE OF ST. LOUIS EMPLOYEE BENEFITS  
MAJOR PROVISIONS OF THE HEALTH INSURANCE PLAN JULY 1, 2017 – JUNE 30, 2018**

PLAN FEATURES	UNITED HEALTHCARE MEDICAL PLAN – Group #703597			
Employees must choose one of the following two medical plans: United Healthcare Standard Plan or United Healthcare Premier Plan	STANDARD PLAN		PREMIER PLAN	
	<u>In-Network</u>	<u>Out-of-Network</u>	<u>In-Network</u>	<u>Out-of-Network</u>
Calendar Year Deductible (Individual / Family) Copayments do not apply to the deductible	\$1,000 / \$2,000	\$2,000 / \$4,000	\$400 / \$800	\$600 / \$1,200
Out-of-Pocket Maximum (Individual / Family) Copayments, Coinsurance and Deductible accumulate toward the Out-of Pocket Maximum	\$4,000 / \$8,000	\$8,000 / \$16,000	\$1,650 / \$3,300	\$2,100 / \$4,200
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Coinsurance paid by member	20%	40%	20%	40%
Office Visits	\$30 copay	40%	\$20 copay	40%
Hospital Inpatient Stay	20%	40%	20%	40%
Outpatient Surgery	20%	40%	20%	40%
Outpatient Diagnostic (lab, x-ray, mammography)	\$0 copay	40%	\$0 copay	40%
Emergency Room	\$150 copay	\$150 copay	\$150 copay	\$150 copay
Urgent Care	\$50 copay	40%	\$50 copay	\$50 copay
Mental Health and Substance Abuse - Inpatient	20%	40%	20%	40%
Mental Health and Substance Abuse - Outpatient	\$30 copay	40%	\$20 copay	40%
Home Health Care (limit to 100 visits/ calendar year)	20%	40%	20%	40%
Vision Examinations (1 exam per calendar year)	100% after \$20 copayment	60% after deductible	100% after \$20 copayment	60% after deductible
Prescription Benefits	STANDARD PLAN		PREMIER PLAN	
	<u>Pharmacy Retail</u>	<u>Mail Order</u>	<u>Pharmacy Retail</u>	<u>Mail Order</u>
Copays: Tier 1 / Tier 2 / Tier 3	\$10 / \$35 / \$50	\$20 / \$70 / \$100	\$10 / \$35 / \$50	\$20 / \$70 / \$100
Maximum Supply	30 Days	90 Days	30 Days	90 Days

All covered active employees in either the United Healthcare Standard or Premier Plan automatically receive Delta Dental Plan.

PLAN FEATURES	DELTA DENTAL PLAN – Group #1873-1000	
Annual Deductible (Individual / Family)	\$50 / \$100	
	PPO Network	Premier and Non-Network
Preventative Care - (Covered in Full – Deductible Waived)	100%	100%
Basic Care	90%	80%
Major Care	60%	50%
Orthodontia - (Children to Age 19 - \$1,500 Lifetime Maximum)	50%	50%
Calendar Year Maximum (Individual / Family)	\$1,500 / \$3,000	

The above exhibit attempts to highlight the major provisions of the Employee Benefit Plans. Additional benefits will be found in the prospective plan brochure. In all cases, the Plan Document or Policy will serve as the legal basis for the terms and provisions of coverage. This document is for illustration purposes only.

**ARCHDIOCESE OF ST. LOUIS**

**COMPARISON OF THE UNITEDHEALTHCARE PREMIER VS STANDARD PLAN**

**JULY 1, 2017 – JUNE 30, 2018**

<b>UNITEDHEALTHCARE (UHC) CHOICE PLUS MEDICAL PLAN</b>			
<b>UHC STANDARD PLAN</b>		<b>UHC PREMIER PLAN</b>	
<b><u>In-Network</u></b>	<b><u>Out-of-Network</u></b>	<b><u>In-Network</u></b>	<b><u>Out-of-Network</u></b>
<b>Calendar Year Deductible (Individual / Family)</b>			
Copayments do not apply to the deductible			
<b>\$1,000 / \$2,000</b>	<b>\$2,000 / \$4,000</b>	<b>\$400 / \$800</b>	<b>\$600 / \$1,200</b>
\$1,000 per Covered Person per calendar year, not to exceed \$2,000 for all Covered Persons in a family.	\$2,000 per Covered Person per calendar year, not to exceed \$4,000 for all Covered Persons in a family.	\$400 per Covered Person per calendar year, not to exceed \$800 for all Covered Persons in a family.	\$600 per Covered Person per calendar year, not to exceed \$1,200 for all Covered Persons in a family.
<b>Out-of-Pocket Maximum (Individual / Family)</b>			
Copayments, Coinsurance and Deductible accumulate towards the Out-of-Pocket Maximum			
<b>\$4,000 / \$8,000</b>	<b>\$8,000 / \$16,000</b>	<b>\$1,650 / \$3,300</b>	<b>\$2,100 / \$4,200</b>
\$4,000 per Covered Person, per calendar year, not to exceed \$8,000 for all Covered Persons in a family.	\$8,000 per Covered Person per calendar year, not to exceed \$16,000 for all Covered Persons in a family.	\$1,650 per Covered Person, per calendar year, not to exceed \$3,300 for all Covered Persons in a family.	\$2,100 per Covered Person, per calendar year, not to exceed \$4,200 for all Covered Persons in a family.
<b>Office Visits</b>			
<b>\$30 copay</b>	<b>40%</b>	<b>\$20 copay</b>	<b>40%</b>
<b>Mental Health and Substance Abuse - Outpatient</b>			
<b>\$30 copay</b>	<b>40%</b>	<b>\$20 copay</b>	<b>40%</b>