



SUMMARY OF BENEFITS*

RCAB Lay Benefits Office | benefits@rcab.org | 617-746-5640
www.bostoncatholicbenefits.org

BENEFIT	ELIGIBILITY	LOCATION CONTRIBUTION	EMPLOYEE COST	SUMMARY
Medical Tufts Health Plan	1st of month following date of hire	Cost share set by location	Cost share set by location	Medical coverage administered by Tufts Health Plan
Prescription Drugs CVS/Caremark Pharmacy Benefit Manager	Same as Medical enrollment date	Administrative costs	Included in medical rates	Pharmacy co-pays: \$10 Generic, \$30 Branded, \$45 Non-Formulary; Maintenance Choice provides a 3 month supply for 2 months of co-pays
Nurse Advice Line	Same as Medical enrollment date	Administrative costs	Included in medical rates	Talk to a Registered Nurse to help you make informed decisions about your family's health 24 hours a day, 7 days a week 1-866-855-0183
Vision EyeMed	Same as Medical enrollment date	Administrative costs	Included in medical rates	Coverage for routine eye exams and other vision care services through EyeMed participating providers.
Dental Delta Dental	1st of month following date of hire	Cost share set by location	Cost share set by location	In-Network coverage/services 100% preventative services; 80% restorative services; 50% major restorative services; \$50 deductible; max \$1,500 per person, per calendar year
401(k) Plan TIAA	New hires are automatically enrolled with a 3% pre-tax deferral. Employer contributions begin after 1 year of benefit-eligible service.	Up to 4% of eligible wages as employer contribution	Up to annual legal limits.	Employees may defer their own wages on a pre-tax or Roth after-tax basis into the Plan, up to the annual legal limits. Broad array of investment options available. All employer contributions are immediately vested.

***This document is a summary. In the event of differences between this summary and applicable plan documents, plan documents will prevail. Employee must work a minimum of 20 hours/week to receive these benefits.**

BENEFIT	ELIGIBILITY	LOCATION CONTRIBUTION	EMPLOYEE COST	SUMMARY
Short-Term Disability (STD)	Set by location	Set by location	Set by location	Set by location
Long Term Disability Plan (LTD) Liberty Mutual	1 st of month following 1 year of benefit eligible service; 1,000 hours of work	100%	None	Provides monthly income benefit of 60% base monthly wage after 26 weeks of total disability, to max of \$5,000/month
Life Insurance Plan Accidental Death and Dismemberment Liberty Mutual	1 st of month following 1 year of benefit eligible service; 1,000 hours of work	100%	None	Benefit level of 2 times annual salary rounded up to the nearest thousand with a maximum benefit of \$300,000 (reduced for employees age 65+)
RCAB Transition Assistance Program	1 st of month following 1 year of benefit eligible service; 1,000 hours of work	100%	None	Employees who experience involuntary job loss; payment of 50% of previous wages to a maximum; for a period of up to 30 weeks; contingent on continued active job search
Employee Assistance Program MyLibertyAssist® EAP Liberty Mutual	1 st of month following 1 year of benefit eligible service; 1,000 hours of work	Administrative costs	None	Confidential service offered via a toll-free hotline and a user-friendly website. Employees and their families may use the EAP to help address issues on a variety of topics. 1-877-695-2789 Password: MLASSIST

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