

NOTICE OF ANNUAL OPEN ENROLLMENT OPPORTUNITY FOR THE DIOCESE OF AUSTIN HEALTH BENEFIT PLAN

The annual "open enrollment" for our group health plan will be held from December 1 through December 20, 2006. All changes made during this time period will be effective January 1, 2007.

During this time period you may enroll yourself or any eligible dependents, or drop coverage for yourself or any covered dependents, without having a qualifying event. As a reminder, dependent children are eligible up to the age of 25 without having to satisfy any type of student status. Refer to your benefit booklet if you have questions about the definitions for eligible dependents.

Open Enrollment is the only time during the year that you are able to make plan changes unless you qualify for a "special enrollment" due to a qualifying event during the course of the next plan year.

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. In addition, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Our health plan may impose a pre-existing condition exclusion on your coverage (including late enrollees) in the event you did not have creditable health insurance prior to enrolling in our plan. The pre-existing exclusion delays coverage for conditions for which you sought medical advice, diagnosis or care, had treatment recommended or received treatment from a licensed or authorized person during the six months immediately prior to your enrollment date.

Due to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), participants may have the right to reduce any pre-existing exclusion period by the length of time you had health coverage prior to your current enrollment. You are entitled to a certificate from your prior health care carrier or your prior employer which will show evidence of such prior creditable coverage.

If you wish to make a change in your plan selection between the Basic or Deluxe plans, or add or drop coverage for yourself or any eligible dependents, you can contact your designated personnel department for the appropriate forms, or you may also request the needed forms by contacting:

Elisa Soto
Access Administrators
7430 Remcon Circle, Bldg. C
El Paso, TX 79912
Toll Free: 800-854-2339, ext. 103
Direct dial: 915-231-4203
e-mail: esoto@ahs-access.com

**ANY CHANGE IN ENROLLMENT FORM MUST BE RECEIVED AT ACCESS
ADMINISTRATORS AT THE ADDRESS ABOVE BY DECEMBER 20, 2006 IN ORDER FOR
AN OPEN ENROLLMENT CHANGE TO BE EFFECTIVE ON JANUARY 1, 2007**