



**2018-2019**  
**Benefit Plan Year**



**BENEFITS DEDUCTION SCHEDULE July 2018 - June 2019**  
**Rates and Medical Plans Bundled with Dental and Vision Coverage**  
*Rates reflect per pay period contribution*

**BENEFIT COST FOR 12-MONTH EMPLOYEES PER PAY PERIOD**

**Deductions (on 24 pay periods) 7/1/18 - 6/30/19**

	<b>EE Only</b>	<b>EE+ Spouse</b>	<b>EE+ Children</b>	<b>EE+ Family</b>
<b>Kaiser EPO</b>	\$19.80	\$256.55	\$234.24	\$345.77
<b>Anthem EPO</b>	\$51.43	\$350.77	\$286.99	\$478.32
<b>Anthem PPO</b>	\$110.00	\$389.37	\$318.58	\$530.96

**BENEFIT COST FOR 10-MONTH/HOURLY EMPLOYEES PER PAY PERIOD**

**Important:** Your *annual* benefit premium will be collected within a 9-month period; between September 1st through May 31st (18 pay periods)

**Deductions (on 18 pay periods) 9/1/18 - 5/31/19**

	<b>EE Only</b>	<b>EE+ Spouse</b>	<b>EE+ Children</b>	<b>EE+ Family</b>
<b>Kaiser EPO</b>	\$26.39	\$342.06	\$312.32	\$461.02
<b>Anthem EPO</b>	\$68.57	\$467.69	\$382.65	\$637.76
<b>Anthem PPO</b>	\$146.67	\$519.16	\$424.77	\$707.94

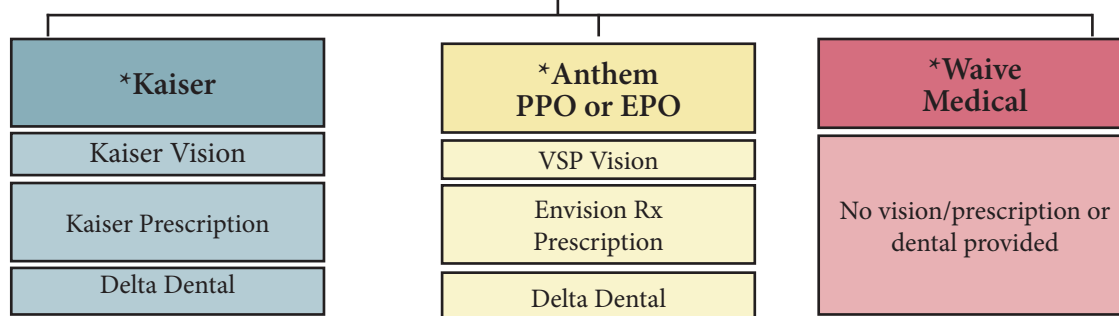
**Benefits Eligibility Rules**

- All regular employees working 20+ hours per week.
- Eligible dependents: spouse (as defined by state law), and children under age 26 .
- Employees who plan to add their dependents in the DSJ health plan will be required to provide documentation of dependent eligibility during enrollment in order for dependent's coverage to be approved. (Spouse = Marriage certificate, Child = Birth certificate, Adoption/Legal Guardianship = Court documents).
- For detailed plans and information go to [Retatrust.org](http://Retatrust.org) and access Reference Library for Plan Summary.

**If you fail to enroll** during new hire and/or open enrollment periods, acceptance to the benefits enrollment will only be allowed if you experience a **Qualified Life Event Change** as defined by the IRS Section 125 Guidelines, and it is reported to the DSJ Benefits Department within **30 days from event date**.

# 2018- 2019 Benefits Plan Breakdown

## HEALTH PLANS



\*Life Insurance, AD&D, LTD provided to all Benefits Eligible Employees

ADDITIONAL CORE BENEFITS	LIFE INSURANCE, AD&D, LONG TERM DISABILITY	Employer pays 100% of the premium at no cost to employee.
	Term Life and Accidental Death and Dismemberment (AD&D) insurance	Your beneficiary will receive 1x basic annual earnings to a maximum of \$125,000.00. Provides a cash benefit to help ensure your loved ones remain financially secure in the event of your death or a covered accident. Benefit reduction commencing at age 65.
	Long-term disability (LTD) insurance	LTD is intended to help replace some of your income for an extended period when you cannot work because of a disability. Elimination Period of 180 days. Monthly benefit of 70% of monthly salary up to \$5,000 per month. Integrated with other disability benefits you may receive.
	DSJ PENSION RETIREMENT	All Benefits Eligible employees hired or rehired are automatically enrolled in the Diocese of San Jose Retirement Plan. The Pension plan is 100% funded by DSJ and administered by Nicolay Pension Services (800) 867-0780. A personalized annual statement is available on line after the end of the calendar year at <a href="http://www.hrmecca.com/dsj">www.hrmecca.com/dsj</a> .

VOLUNTARY OPTIONS	ADDITIONAL LIFE INSURANCE, ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)	Voluntary Life and AD&D plans are available to all new hires and during open enrollment period. Coverage available to employee and eligible dependents. Cost to these plan are 100% paid by the employee.
	FLEXIBLE SPENDING ACCOUNT (FSA)	The money you set aside in FSA is not subject to federal income or Social Security tax.
	Health Care Flexible Spending (HFSA)	HFSA allows you to set aside a portion of your salary, before-tax, to reimburse amounts for eligible medical expenses. Contribution may not exceed \$1,200.
	Dependent Day Care Flexible Spending (DFSA)	DFSA allows you to set aside a portion of your salary, before-tax, to reimburse amounts spent for eligible dependent day care expenses that are necessary in order for you, and if you are married, your spouse, to work or look for work. Under federal tax law. Maximum annual contribution may be up to \$5,000 (\$2,500 maximum if you are married, filing separate income tax returns).
	403(b) TAX SHELTERED ANNUITY (TSA) (Retirement Savings Plan)	As an employee of the Diocese of San Jose, you are eligible to participate in a 403(b) Tax-Sheltered Annuity (TSA) plan. To save for your retirement, participation in the 403(b) TSA is voluntary and may be done at any time at the employee's discretion. The plan is administered by Employee Benefits Services (EBS). To enroll in the 403(b) TSA, please contact a financial advisor of your choice or Employee Benefits Services (EBS) DSJ Plan Administrator at 408-978-1000. There is no matching contribution.

## PLAN DESIGNS

Anthem Blue Cross		
	<b>PREMIUM Plan: PPO 100/80</b>	<b>Plan: EPO</b>
<b>Annual Out-of-Pocket Maximum (Includes Deductible &amp; Co-Insurance) per calendar year</b>		
For any one Member in the same Family Unit	\$250 In network / \$2,950 Out of network	\$800 No Coverage out of network
For an entire Family Unit of two or more Members	\$500 In network / \$5,900 Out of network	\$2,400 No Coverage out of network
In Network Deductible per Calendar Year	\$250 Ind / \$500 Fam (combined in and out)	None
<b>Professional Services</b>		
Office Visit Co-payments	\$20 Copay In network (deductible waived) 20% Out of network	\$15 Copay In Network No Coverage out of network
Preventive Services	No Copay In network/ 20% Out of network	100% No Copay in Network No Coverage out of Network
Well Child Care (Birth to age 2)	No Copay In network/ 20% Out of network	No Copay In Network No Coverage out of network
<b>Outpatient Services</b>		
Outpatient surgery	No Copay In network/ 20% Out of network	No Copay In Network No Coverage out of network
Allergy injection visits	No Copay In network / 20% Out of network (deductible waived) \$20 Office Visit may apply	No Copay In Network No Coverage out of network \$15 Office Visit may apply
X-rays and lab tests	No Copay In network / 20% Out of network	No Copay In Network No Coverage out of network
MRI, CT and PET	No Copay In network/ 20% Out of network	No Copay In Network No Coverage out of network
<b>Inpatient Services (\$500 deduct non-preauthorized hospitalization)</b>		
Room and board, surgery, anesthesia, X-rays, lab tests, and drugs	\$100 per admission then 0% In / 20% Out	\$250 per admission then paid at 100%
<b>Emergency Health Coverage (\$100 deductible is waived if admitted to hospital directly from ER)</b>		
Emergency Department visits	0% In & Out for initial 48 hours / Out 20% thereafter \$100 per visit, waived if admitted	0% In & Out for initial 48 hours / No Out coverage thereafter \$100 per visit, waived if admitted
<b>Prescription Drug Coverage</b>		
Retail Pharmacy - up to 30 day supply	\$10 Generic 30% Brand Formulary 50% Brand Non Formulary \$2,000/Member OOP; Based on RVO Program	\$10 Generic 30% Brand Formulary 50% Brand Non Formulary \$2,000/Member OOP; Based on RVO Program
Mail-order Pharmacy - up to 90 day supply	\$20 Generic 30% Brand Formulary 50% Brand Non Formulary \$2,000/Member OOP; Based on RVO Program	\$20 Generic 30% Brand Formulary 50% Brand Non Formulary \$2,000/Member OOP; Based on RVO Program
<b>Durable Medical Equipment</b>		
Covered durable medical equipment for home use in accord with our DME formulary	0% In network/ 20% Out of network	No Copay in Network

Kaiser
<b>Plan: EPO</b>
<b>Annual Out-of-Pocket Maximum for Certain Services</b>
\$1,500 per calendar year
\$3,000 per calendar year
None
<b>Professional Services</b>
\$15 per visit
100%
100%
<b>Outpatient Services</b>
\$15 per procedure
\$5 per visit
No Charge
No Charge
<b>Inpatient Services</b>
\$250 per admission
<b>Emergency Health Coverage</b>
\$100 per visit (does not apply if admitted directly to the hospital as an inpatient)
<b>Prescription Drug Coverage</b>
\$10 Generic \$20 Brand
Same as retail
<b>Durable Medical Equipment</b>
20% coinsurance

# Visit [www.retatrust.org](http://www.retatrust.org) for Plan Summary and Evidence Coverage Booklets

## RETA TRUST - TRUSTOR

### RetaTrust – BAS



- |                                                                    |                                                          |
|--------------------------------------------------------------------|----------------------------------------------------------|
| * Enrollment Process                                               | 877-303-7382                                             |
| * Benefit Election Assistance                                      | <a href="http://www.retatrust.org">www.retatrust.org</a> |
| * Misc. questions: Medical, Dental, and Vision, FSA, Plans Summary | * Password & Username                                    |

## MEDICAL PLANS

### Anthem Blue Cross



- |                   |                                                                                                      |
|-------------------|------------------------------------------------------------------------------------------------------|
| * Order New Cards | 888-722-1077                                                                                         |
| * Coverage detail | <a href="http://www.anthem.com/ca">www.anthem.com/ca</a><br>PPO Group #1841KA-KM<br>EPO Group #1724V |

### Kaiser



- |                   |                                                                       |
|-------------------|-----------------------------------------------------------------------|
| * Order New Cards | 800-663-1771                                                          |
| * Coverage detail | <a href="http://www.kp.org">www.kp.org</a><br>EPO Medical Group #8441 |

## DENTAL PLAN

### Delta Dental PPO



- |                   |                                                                                    |
|-------------------|------------------------------------------------------------------------------------|
| * Order New Cards | 800-765-6003                                                                       |
| * Coverage detail | <a href="http://www.deltadentalins.com">www.deltadentalins.com</a><br>Group #15887 |

## VISION PLANS

### VSP Vision



- |                   |                                                                                 |
|-------------------|---------------------------------------------------------------------------------|
| * Order New Cards | 800-877-7195                                                                    |
| * Coverage detail | <a href="http://www.vsp.com">www.vsp.com</a><br>ID - Employee Social Security # |

### Kaiser Vision



- |                   |                                                                       |
|-------------------|-----------------------------------------------------------------------|
| * Order New Cards | 800-464-4000                                                          |
| * Coverage detail | <a href="http://www.kp.org">www.kp.org</a><br>EPO Medical Group #8441 |

## PRESCRIPTION PLANS

### EnvisionRx



- |            |                                                            |
|------------|------------------------------------------------------------|
| AnthemEPO  | 844-852-7437                                               |
| Anthem PPO | <a href="http://www.EnvisionRx.com">www.EnvisionRx.com</a> |

### Kaiser Rx



- |                   |                                                                       |
|-------------------|-----------------------------------------------------------------------|
| * Order New Cards | 800-464-4000                                                          |
| * Coverage detail | <a href="http://www.kp.org">www.kp.org</a><br>EPO Medical Group #8441 |

## FLEX PLAN

### Benny Card

- |                 |                                                          |
|-----------------|----------------------------------------------------------|
| RetaTrust – BAS | 877-303-7382                                             |
|                 | <a href="http://www.retatrust.org">www.retatrust.org</a> |

## RETIREMENT

### Nicolay Pension Services

- |                           |                                                              |
|---------------------------|--------------------------------------------------------------|
| * Retirement Savings Plan | 800-867-0780                                                 |
|                           | <a href="http://www.hrmecca.com/dsj">www.hrmecca.com/dsj</a> |

### 403b Employee Benefit Services (EBS)

- |                |              |
|----------------|--------------|
| * Enrollment   | 408-978-1000 |
| * Savings Plan |              |

## LIFE INSURANCE

### Mutual of Omaha



- |                                 |              |
|---------------------------------|--------------|
| * Life, AD&D, LTD               | 800-775-8805 |
| * Critical Illness and Accident |              |

## EMPLOYEE ASSISTANCE PROGRAM (EAP)

### Employee Assistance Program by Mutual of Omaha

- |                                                                               |                                                                                  |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Provides professional confidential consultation and referrals 24 hours a day. | 800-316-2796<br><a href="http://mutualofomaha.com/eap">mutualofomaha.com/eap</a> |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------|

## WELLNESS PROGRAM

### WebMD



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|-----------------------|------------------------------------------------------------------------|
| * Enrollment Process  | 877-936-1970                                                           |
| * Password & Username | <a href="http://www.webmdhealth.com/reta">www.webmdhealth.com/reta</a> |