BENEFITS DEDUCTION SCHEDULE  July 2019 - June 2020  
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) 7/1/19 - 6/30/20

<table>
<thead>
<tr>
<th></th>
<th>EE Only</th>
<th>EE+ Spouse</th>
<th>EE+ Children</th>
<th>EE+ Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaiser EPO</td>
<td>$19.66</td>
<td>$256.48</td>
<td>$234.18</td>
<td>$345.67</td>
</tr>
<tr>
<td>Anthem EPO</td>
<td>$51.38</td>
<td>$367.25</td>
<td>$300.48</td>
<td>$500.80</td>
</tr>
<tr>
<td>Anthem PPO</td>
<td>$110.00</td>
<td>$405.80</td>
<td>$332.03</td>
<td>$553.37</td>
</tr>
</tbody>
</table>

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) 9/1/19 - 5/31/20

<table>
<thead>
<tr>
<th></th>
<th>EE Only</th>
<th>EE+ Spouse</th>
<th>EE+ Children</th>
<th>EE+ Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaiser EPO</td>
<td>$26.21</td>
<td>$341.97</td>
<td>$312.32</td>
<td>$461.02</td>
</tr>
<tr>
<td>Anthem EPO</td>
<td>$68.51</td>
<td>$489.67</td>
<td>$400.64</td>
<td>$667.73</td>
</tr>
<tr>
<td>Anthem PPO</td>
<td>$146.67</td>
<td>$541.07</td>
<td>$442.71</td>
<td>$737.83</td>
</tr>
</tbody>
</table>

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 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.
# 2019-2020 Benefits Plan Breakdown

## Health Plans

<table>
<thead>
<tr>
<th><em>Kaiser</em></th>
<th><em>Anthem PPO or EPO</em></th>
<th><em>Waive Medical</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaiser Vision</td>
<td>VSP Vision</td>
<td>No vision/prescription or dental provided</td>
</tr>
<tr>
<td>Kaiser Prescription</td>
<td>Envision Rx Prescription</td>
<td></td>
</tr>
<tr>
<td>Delta Dental</td>
<td>Delta Dental</td>
<td></td>
</tr>
</tbody>
</table>

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

## Additional Core Benefits

<table>
<thead>
<tr>
<th>LIFE INSURANCE, AD&amp;D, LONG TERM DISABILITY</th>
<th>Employer pays 100% of the premium at no cost to employee.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Term Life and Accidental Death and Dismemberment (AD&amp;D) insurance</td>
<td>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. 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.</td>
</tr>
</tbody>
</table>

## 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 online after the end of the calendar year at www.hrmecca.com/dsj.

## 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 plans 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)

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.
<table>
<thead>
<tr>
<th><strong>Anthem Blue Cross</strong></th>
<th><strong>Kaiser</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Out-of-Pocket Maximum (Includes Deductible &amp; Co-Insurance) per calendar year</strong></td>
<td><strong>Annual Out-of-Pocket Maximum for Certain Services</strong></td>
</tr>
<tr>
<td>For any one Member in the same Family Unit</td>
<td>$1,500 per calendar year</td>
</tr>
<tr>
<td>$250 In network / $2,950 Out of network</td>
<td>$3,000 per calendar year</td>
</tr>
<tr>
<td>For an entire Family Unit of two or more Members</td>
<td>None</td>
</tr>
<tr>
<td>$500 In network / $5,900 Out of network</td>
<td>None</td>
</tr>
<tr>
<td>In Network Deductible per Calendar Year</td>
<td><strong>Professional Services</strong></td>
</tr>
<tr>
<td>$250 Ind / $500 Fam (combined in and out)</td>
<td>$15 per visit</td>
</tr>
<tr>
<td>None</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Professional Services</strong></td>
<td><strong>Outpatient Services</strong></td>
</tr>
<tr>
<td>Office Visit Co-payments</td>
<td>$15 per procedure</td>
</tr>
<tr>
<td>$20 Copay In network (deductible waived) 20% Out of network</td>
<td>$5 per visit</td>
</tr>
<tr>
<td>Preventive Services</td>
<td>No Charge</td>
</tr>
<tr>
<td>No Copay In network/ 20% Out of network</td>
<td>No Charge</td>
</tr>
<tr>
<td>Well Child Care (Birth to age 2)</td>
<td><strong>Inpatient Services</strong></td>
</tr>
<tr>
<td>No Copay In network/ 20% Out of network</td>
<td>$500 deduct non-preauthorized hospitalization</td>
</tr>
<tr>
<td>No Copay In Network</td>
<td>$250 per admission</td>
</tr>
<tr>
<td>No Coverage out of network</td>
<td>Emergency Health Coverage ($100 deductible is waived if admitted to hospital directly from ER)</td>
</tr>
<tr>
<td>No Copay In network/ 20% Out of network</td>
<td>$100 per visit (does not apply if admitted directly to the hospital as an inpatient)</td>
</tr>
<tr>
<td>No Copay In Network</td>
<td><strong>Prescription Drug Coverage</strong></td>
</tr>
<tr>
<td>No Coverage out of network</td>
<td>$10 Generic</td>
</tr>
<tr>
<td><strong>Outpatient Services</strong></td>
<td>$20 Brand</td>
</tr>
<tr>
<td>Outpatient surgery</td>
<td>Same as retail</td>
</tr>
<tr>
<td>No Copay In network/ 20% Out of network</td>
<td>20% coinsurance</td>
</tr>
<tr>
<td>No Copay In Network</td>
<td><strong>Durable Medical Equipment</strong></td>
</tr>
<tr>
<td>No Coverage out of network</td>
<td>Covered durable medical equipment for home use in accord with our DME formulary</td>
</tr>
<tr>
<td>No Copay In Network</td>
<td>0% In network/ 20% Out of network</td>
</tr>
<tr>
<td>No Coverage out of network</td>
<td>No Copay in Network</td>
</tr>
</tbody>
</table>
Visit www.retatrust.org for Plan Summary and Evidence Coverage Booklets

### RETA TRUST - TRUSTOR

**RetaTrust – BAS**

- * Enrollment Process
- * Benefit Election Assistance
- * Misc. questions: Medical, Dental, and Vision, FSA, Plans Summary

877-303-7382  
www.retatrust.org  
* Password & Username

### MEDICAL PLANS

#### Anthem Blue Cross

- * Order New Cards  
- * Coverage detail  
888-722-1077  
www.anthem.com/ca  
PPO Group #1841KA-KM  
EPO Group #1724V

#### Kaiser

- * Order New Cards  
- * Coverage detail  
800-663-1771  
www.kp.org  
EPO Medical Group #8441

### DENTAL PLAN

**Delta Dental PPO**

- * Order New Cards  
- * Coverage detail  
800-765-6003  
www.deltaldentalins.com  
Group #15887

### VISION PLANS

#### VSP Vision

- * Order New Cards  
- * Coverage detail  
800-877-7195  
www.vsp.com  
ID - Employee Social Security #

#### Kaiser Vision

- * Order New Cards  
- * Coverage detail  
800-464-4000  
www.kp.org  
EPO Medical Group #8441

### PRESCRIPTION PLANS

#### EnvisionRx

- * Order New Cards  
- * Coverage detail  
844-852-7437  
www.EnvisionRx.com

#### Kaiser Rx

- * Order New Cards  
- * Coverage detail  
800-464-4000  
www.kp.org  
EPO Medical Group #8441

### FLEX PLAN

**Benny Card**  
RetaTrust – BAS  
877-303-7382  
www.retatrust.org

### RETIREMENT

#### Nicolay Pension Services

- * Retirement Savings Plan  
800-867-0780  
www.hrmecca.com/dsj

#### 403b Employee Benefit Services (EBS)

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

### LIFE INSURANCE

**Mutual of Omaha**

- * Life, AD&D, LTD  
- * Critical Illness and Accident

800-775-8805

### EMPLOYEE ASSISTANCE PROGRAM (EAP)

**Employee Assistance Program by Mutual of Omaha**

Provides professional confidential consultation and referrals 24 hours a day.  
800-316-2796  
mutualofomaha.com/eap

### WELLNESS PROGRAM

**WebMD**

- * Enrollment Process  
- * Password & Username  
866-302-6343  
www.webmdhealth.com/reta