



DIOCESE OF  
SAN JOSE

2022-2023  
Benefit Plan Year



Virtual Internal Network for Employees

*The New DSJ Intranet for  
Clergy and Employee Resources*

# BENEFITS DEDUCTION SCHEDULE July 2022 - June 2023

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) 7/1/22 - 6/30/23

	EE Only	EE+ Spouse	EE+ Children	EE+ Family
<b>Kaiser EPO</b>	\$21.07	\$272.58	\$204.43	\$346.91
<b>Blue Shield EPO</b>	\$74.73	\$453.95	\$336.72	\$581.85
<b>Blue Shield PPO</b>	\$110.00	\$509.56	\$378.42	\$652.62

## 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) 9/1/22 - 5/31/23

	EE Only	EE+ Spouse	EE+ Children	EE+ Family
<b>Kaiser EPO</b>	\$28.09	\$363.43	\$272.57	\$462.55
<b>Blue Shield EPO</b>	\$99.63	\$605.27	\$448.95	\$775.79
<b>Blue Shield PPO</b>	\$146.67	\$679.41	\$504.55	\$870.15

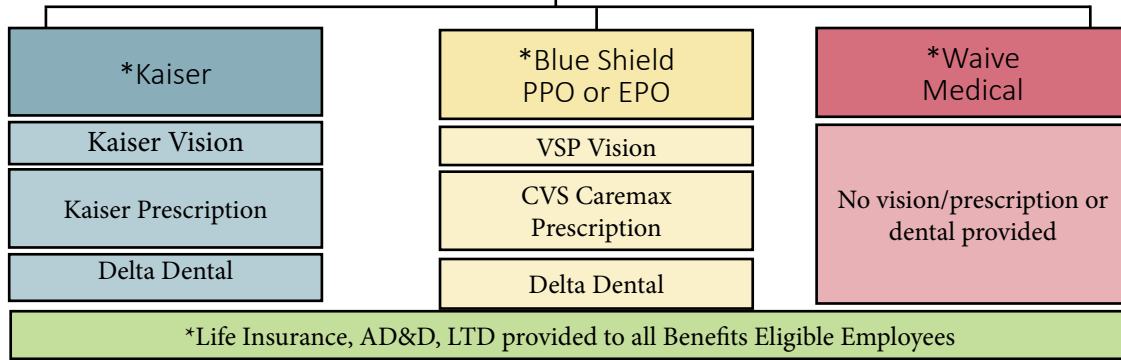
## Benefits Eligibility Rules

- 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, submitted online to RetaTrust along with required documentation **within 30 days** from event date.

# 2022- 2023 Benefits Plan Breakdown

## HEALTH PLANS



<b>ADDITIONAL CORE BENEFITS</b>	LIFE INSURANCE, AD&D, LONG TERM DISABILITY  Term Life and Accidental Death and Dismemberment (AD&D) insurance  Long-term disability (LTD) insurance	Employer pays 100% of the premium at no cost to employee.  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.
	DSJ PENSION RETIREMENT	All Benefits Eligible lay employees hired or rehired are automatically enrolled in the Diocese of San Jose Retirement Plan. The Employer Retirement is 100% funded by DSJ at a contribution of 3% and administered by Voya Financial. For more information on Voya, please visit voya.com. Voya Customer Center: 855-334-4983 Website: <a href="https://dsj403b.voya.com">https://dsj403b.voya.com</a>

<b>VOLUNTARY OPTIONS</b>	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)  Health Care Flexible Spending (HFSA)	The money you set aside in FSA is not subject to federal income or Social Security tax.  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).

<b>DSJ 403(b) RETIREMENT Savings Plan</b>	As an employee of the Diocese of San Jose, you are eligible to participate in the Diocese of San José 403(b) Retirement Plan to save for your retirement. Voya Financial® is the recordkeeper of the DSJ 403(b) Retirement Plan.
	<ul style="list-style-type: none"> <li>Employee Contributions to the Plan -Traditional (Pre-Tax) and Roth (After-tax) Contributions or a combination of the two deferrals.</li> <li>Plan automatically enrolls benefits eligible lay employees at 3% of compensation; may elect a higher percentage or may elect to opt-out of the Plan</li> <li>Employer Matching 403(b) contributions for benefits eligible lay employees - The Diocese of San Jose will match 100% up to 3%.</li> </ul> <p>For more information on Voya and some informational videos, please visit <a href="http://voya.com">voya.com</a>. Voya Customer Center: 855-334-4983 Website: <a href="https://dsj403b.voya.com">https://dsj403b.voya.com</a></p>

**PLAN DESIGNS**

<b>Blue Shield</b>		
	<b>BS PPO Plan 5001 PPO 100/80</b>	<b>BS EPO Pan 5132 EPO 100 \$0</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	\$100 In network \$2,800 Out of network	\$800 No Coverage out of network
For an entire Family Unit of two or more Members	\$200 In network \$5,600 Out of network	\$2,400 No Coverage out of network
In Network Deductible per Calendar Year	\$100 Ind \$200 Fam-In Network \$300 Ind \$600 Fam -Out of Network	\$0 Individual \$0 Family
<b>Professional Services</b>		
Office Visit Co-payments	\$15 Copay In network (deductible waived) 20% Out of network	\$15 Copay In Network No Coverage out of network
Preventive Services	No Copay In network (deductible waived) 20% Out of network	No Copay, deductible waived No Coverage out of Network
Well Child Care (Birth to age 2)	No Copay In network (deductible waived) 20% Out of network	No Copay, deductible waived 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</b>		
Room and board, surgery, anesthesia, X-rays, lab tests, and drugs	No Copay In Network 20% Out of Network	No Copay, deductible waived No Coverage Out of Network
Non-preauthorized admissions	Required	Required
<b>Emergency Health Coverage (\$100 deductible is waived if admitted to hospital directly from ER)</b>		
Emergency Department visits	\$100 per visit In & Out of Network	\$100 per visit 0% In & Out for initial 48 hours No Out coverage thereafter
Urgent Care visit	\$15 Copay	\$50 Copay
<b>Prescription Drug Coverage - CVS Caremark Pharmacy Network</b>		
Retail Pharmacy - up to 30 day supply	\$10 Generic \$20 Preferred Brand \$40 Non-Preferred Brand	\$10 Generic \$20 Preferred Brand \$40 Non-Preferred Brand
Mail-order Pharmacy - up to 90 day supply	\$20 Generic \$40 Preferred Brand \$80 Non-Preferred Brand	\$20 Generic \$40 Preferred Brand \$80 Non-Preferred Brand
<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

<b>Kaiser</b>
<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
Mail-order Pharmacy Same as retail
<b>Durable Medical Equipment</b>
20% coinsurance

**RETA TRUST - TRUSTOR**

**RetaTrust – BAS**



\* Enrollment Process 877-303-7382  
 \* Benefit Election Assistance [www.retatrust.org](http://www.retatrust.org)  
 \* Misc. questions: Medical, Dental, and Vision, FSA, Plans Summary \* Password & Username

**MEDICAL PLANS**

**Blue Shield**



\* Order New Cards 888-772-1076  
 \* Coverage detail [www.blueshieldca.com](http://www.blueshieldca.com)

**Kaiser**



\* Order New Cards 800-663-1771  
 \* Coverage detail [www.kp.org](http://www.kp.org)  
 EPO Medical Group #8441

**DENTAL PLAN**

**Delta Dental PPO**



\* Order New Cards 800-765-6003  
 \* Coverage detail [www.deltadentalins.com](http://www.deltadentalins.com)  
 Group #15887

**VISION PLANS**

**VSP Vision**



\* Order New Cards 800-877-7195  
 \* Coverage detail [www.vsp.com](http://www.vsp.com)  
 ID - Employee Social Security #

**Kaiser Vision**



\* Order New Cards 800-464-4000  
 \* Coverage detail [www.kp.org](http://www.kp.org)  
 EPO Medical Group #8441

**PRESCRIPTION PLANS**

**CVS Caremark**



Blue Shield EPO 800-844-0719  
 Blue Shield PPO [www.caremark.com](http://www.caremark.com)

**Kaiser Rx**



800-464-4000  
[www.kp.org](http://www.kp.org)  
 EPO Medical Group #8441

**FLEX PLAN**

**Benny Card**

RetaTrust – BAS 877-303-7382  
[www.retatrust.org](http://www.retatrust.org)

**RETIREMENT**

**Diocese of San José 403(b) Retirement Plan - Voya**

\* Voya Financial Customer 855-334-4983  
 Care Center <https://dsj403b.voya.com>  
 Plan A and Plan B Participants

**Pension Live Service Center**

\* Plan A and Plan B Participants 833-375-7367  
[specialist@dsjpension.org](mailto:specialist@dsjpension.org)  
[dsjpension.org](http://dsjpension.org)  
 8 a.m. and 6 p.m. CST  
 Monday through Friday.

**LIFE INSURANCE**

**Mutual of Omaha**



\* Life, AD&D, LTD 800-775-8805

**EMPLOYEE ASSISTANCE PROGRAM (EAP)**

**Employee Assistance Program by Mutual of Omaha**

Provides professional confidential 800-316-2796  
 consultation and referrals 24 hours [mutualofomaha.com/eap](http://mutualofomaha.com/eap)  
 a day.

**WELLNESS PROGRAM**

**Blue Shield Wellvolution Platform** 888-772-1076

**Kaiser Permanente - Workforce Health Program** 800-663-1771