

Diocese of San José

2021-2022

Benefit Plan Year



Journeying
Together
in **Hope**
DIOCESE OF SAN JOSE

BENEFITS DEDUCTION SCHEDULE July 2021 - June 2022
 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) 7/1/21 - 6/30/22

	EE Only	EE+ Spouse	EE+ Children	EE+ Family
Kaiser EPO	\$21.07	\$272.58	\$204.43	\$346.91
Blue Shield EPO	\$51.80	\$387.34	\$290.50	\$492.98
Blue Shield PPO	\$110.00	\$457.29	\$342.97	\$582.00

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) 9/1/21 - 5/31/22

	EE Only	EE+ Spouse	EE+ Children	EE+ Family
Kaiser EPO	\$28.09	\$363.43	\$272.57	\$462.55
Blue Shield EPO	\$69.07	\$516.45	\$387.33	\$657.30
Blue Shield PPO	\$146.67	\$609.71	\$457.29	\$776.00

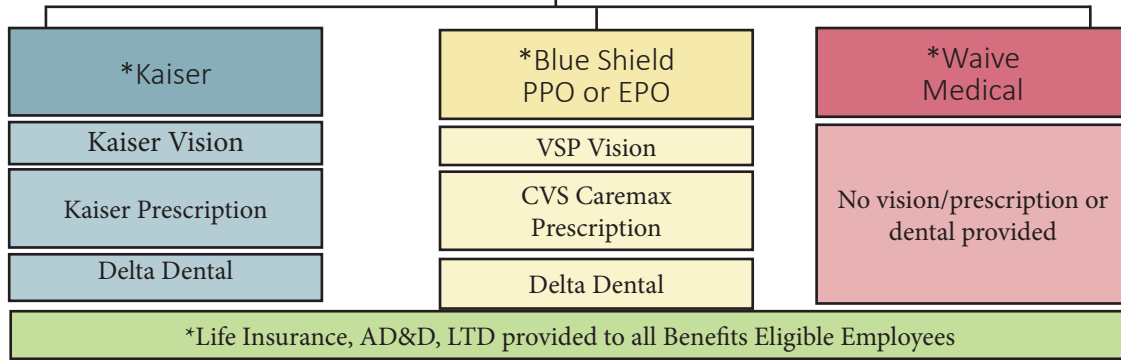
Benefits Eligibility Rules

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

2021- 2022 Benefits Plan Breakdown

HEALTH PLANS



ADDITIONAL CORE BENEFITS	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: https://dsj403b.voya.com

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) 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).

DSJ 403(b) RETIREMENT Savings Plan	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 record-keeper of the DSJ 403(b) Retirement Plan.
	<ul style="list-style-type: none"> Employee Contributions to the Plan -Traditional (Pre-Tax) and Roth (After-tax) Contributions or a combination of the two deferrals. 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 Employer Matching 403(b) contributions for benefits eligible lay employees - The Diocese of San Jose will match 100% up to 3%. <p>For more information on Voya and some informational videos, please visit voya.com. Voya Customer Center: 855-334-4983 Website: https://dsj403b.voya.com</p>

PLAN DESIGNS

Blue Shield		
	BS PPO Plan 5001 PPO 100/80	BS EPO Pan 5132 EPO 100 \$0
Annual Out-of-Pocket Maximum (Includes Deductible & Co-Insurance) per calendar year		
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
Professional Services		
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
Outpatient Services		
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
Inpatient Services		
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
Emergency Health Coverage (\$100 deductible is waived if admitted to hospital directly from ER)		
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
Prescription Drug Coverage - CVS Caremark Pharmacy Network		
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
Durable Medical Equipment		
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
Plan: EPO
Annual Out-of-Pocket Maximum for Certain Services
\$1,500 per calendar year
\$3,000 per calendar year
None
Professional Services
\$15 per visit
100%
100%
Outpatient Services
\$15 per procedure
\$5 per visit
No Charge
No Charge
Inpatient Services
\$250 per admission
Emergency Health Coverage
\$100 per visit (does not apply if admitted directly to the hospital as an inpatient)
Prescription Drug Coverage
\$10 Generic \$20 Brand
Mail-order Pharmacy Same as retail
Durable Medical Equipment
20% coinsurance

RETA TRUST - TRUSTOR

RetaTrust – BAS



* Enrollment Process 877-303-7382
 * Benefit Election Assistance 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

Kaiser



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

DENTAL PLAN

Delta Dental PPO



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

VISION PLANS

VSP Vision



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

Kaiser Vision



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

PRESCRIPTION PLANS

CVS Caremark



Blue Shield EPO 800-844-0719
 Blue Shield PPO www.caremark.com

Kaiser Rx



800-464-4000
www.kp.org
 EPO Medical Group #8441

FLEX PLAN

Benny Card

RetaTrust – BAS 877-303-7382
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
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
 a day.

WELLNESS PROGRAM

Blue Shield Wellvolution Platform 888-772-1076

Kaiser Permanente - Workforce Health Program 800-663-1771