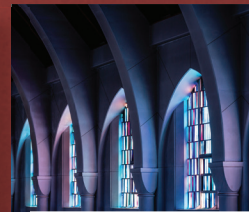


# 2023 Benefit Guide Diocese of Manchester



## Priest Only Plan



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This document is an outline of the coverage provided under your employer’s benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the “plan documents”). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer’s benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.





# We are pleased to announce the Diocesan 2023 benefit offerings. These programs are effective July 1, 2023.

- ❖ Blue Shield of California (BCS) is the medical vendor.
- ❖ The medical plan option for Priests is the EPO 0-1 Plan.
- ❖ Our pharmacy plan administrator is CVS Caremark.
- ❖ You will receive one new ID card to use for both medical and prescription drugs.
- ❖ Wellvolution is a no cost wellness program provided to all employees enrolled in the medical plan.
- ❖ All priests will be automatically enrolled in the medical, dental, and vision plans.
- ❖ There will be no co-pay for preventive care screenings / immunizations.
- ❖ Dental will be offered through Northeast Delta Dental.
- ❖ DeltaVision is our vision administrator and features the EyeMed network of providers.
- ❖ Healthcare FSA: BAS will continue as the administrator of the FSA. You will have the option of enrolling in a healthcare FSA up to the maximum IRS contribution limits. For 2023, the maximum limits is up to \$3,050 for a healthcare FSA.
- ❖ You will be required to log in to the Reta Trust portal to confirm / verify your employee information and review your benefit elections.

## Enrollment Deadline

**All enrollments / changes are due by midnight on Wednesday May 31st.**

Annual Open Enrollment is the time for you to review your current elections and to make any adjustments in your coverage.

**You will be automatically enrolled in the medical, dental, and vision plan. However, if you want to sign up for a flexible spending account, you must go to the RETA enroll website to confirm your election.** Failure to do so will impact your coverage.

Log on to RetaTrust at [www.retatruster.org](http://www.retatruster.org)



# Open Enrollment

You should carefully consider your Open Enrollment decisions because your elections remain in effect until the next Open Enrollment. After you enroll, the only time you may make changes to your benefits program during the plan year is if you experience a special enrollment situation.

## What You Will Need To Do For Open Enrollment If You Do Not Have A Login ID

During Open Enrollment, you will be introduced to the Reta Benefits Center – where information is customized with the specific benefits available to you (based on your login ID).

Login at [www.retatrust.org](http://www.retatrust.org) anytime beginning Monday, May 15th and select Reta Benefits Center. A single user ID and Password allows you to access all online platforms/websites related to your Reta healthcare benefits.

You may obtain your unique User ID and Password for the first time, or have it resent to you if you are a returning user, by going to the Reta Trust home page ([www.retatrust.org](http://www.retatrust.org)) and clicking on the link for assistance with login. Enter your email address; provided your email address has previously been entered in the RetaEnroll system and validated.

Otherwise, to view your User ID and Password on-screen, select “Identify Yourself Online Securely” and you will be prompted to enter: First Name, Last 4-Digits of your Social Security Number, Date of Birth, 5-digit Zip Code.

## Reta Trust Customer Support

Personal Assistance call: **1.877.303.7382**

(Monday - Friday, 8:30 am to 8:00 pm; English & Spanish)

Email: [service@retaenroll.org](mailto:service@retaenroll.org)

On-Line Benefits Website: [www.retatrust.org](http://www.retatrust.org)

### **Don't Forget!**

**Open Enrollment for 2023-2024 will begin on May 15th and will end at midnight on May 31st.**

Do not wait until the last minute to begin your enrollment. Once the Open Enrollment period has ended, you will not be able to make any changes to your 2023-2024 plan year benefits unless you experience a qualified event.

## To Enroll Follow These Steps:

**Step 1:** Return to [retatrust.org](http://retatrust.org) and enter your User ID and Password in the appropriate boxes, which are located in the middle of the page.

**Step 2:** Click “Login”

**Step 3:** Start your enrollment process by clicking on Reta Enroll.

**Step 4:** Click “Yes” to be directed to the BAS enrollment portal.

**Step 5:** The Annual Open Enrollment screen will appear. Click “Go” to begin your enrollment and follow the instructions.

**Step 6:** Be sure to finalize your enrollment at the end of your session to save your elections. You may log in and make any changes up through the end of open enrollment.

**Your Enrollment is complete.**

# Medical Plan

The plan design listed below illustrates in-network coverage only. For a more detailed summary please visit [www.retatrust.org](http://www.retatrust.org)

Plan Design	Blue Shield of California EPO 0-1
Deductibles	\$0 Individual
Annual Out-of-Pocket Maximum* (Individual)	\$800 Individual
Coinsurance	None
Preventive Care Visit	\$0 copay
Regular Office Visit	\$15 copay
Specialty Office Visit	\$15 copay
Emergency Room	\$100 copay
Urgent Care	\$50 copay
Inpatient Hospital	\$0 copay
Outpatient Hospital	\$0 copay
X-ray Therapy	No charge
Primary Care Physician (PCP) required	No
Mental Health Benefits	Inpatient: \$0 copay   Outpatient: \$15 copay
Substance Abuse Benefits	Inpatient: \$0 copay   Outpatient: \$15 copay
Prescription Drugs: Retail**	
Generic	\$10
Preferred	\$20
Non-Preferred	\$40
Mail Order (90-day supply)	
Generic	\$20
Preferred	\$40
Non-Preferred	\$80

The plan design listed illustrates In-network coverage only. For a more detailed summary please visit [www.retatrust.org](http://www.retatrust.org)

\*EPO 0-1: Includes Medical and Rx Copays; these co-payments are no longer required once the OOP maximum is reached.

\*\*Additional cost may apply if you fill a maintenance medication at a retail pharmacy.

In-Network only coverage listed. This summary of benefits contains the highlights only. The specific benefits and exclusions are contained in your group service agreement.



# Medical Plan: Q&A

## EPO 0-1

**May I go to any doctor I want and receive plan benefits?** No. You only receive plan benefits when you use network providers who participate in the Blue Shield of California (BCS) EPO network.

**Is there a deductible?** No.

**Will I need to choose a Primary Care Physician (PCP)?** Do I need a referral to see a specialist? No.

**Is preventive care covered?** Yes, when you use network providers.

**Is there a limit to how much I may have to pay in one year?** Yes, the out-of-pocket maximum is a cap on the most you would pay out-of-pocket for medical services in a plan year.

**Are prescription drugs covered?** Yes, for members enrolled in EPO 0-1, the prescription drug plan is administered by CVS Caremark. Your medical and prescription drug coverage information will be contained within the same identification card. The prescription plan includes features to encourage members to obtain the lowest cost drug alternative. Dispense as written (DAW) penalty is the difference in the price between the brand name medication and its available generic equivalent. The penalty can be applied if doctor writer prescription for brand name medication when generic is available or if the member asks for the brand name to be dispensed even if a generic is available.

**May I use mail order for drugs I use regularly?** Yes, please visit [www.retatrust.org](http://www.retatrust.org) for information.

**What is Wellvolution provided by BSC?** If you enroll in any of the medical plans, you are automatically enrolled in Wellvolution at no additional cost to you.

Wellvolution is a health program designed for you. This is where healthy lifestyles begin. Wellvolution provides you with personalized support and tools to help you take control of your health.





# Prescription Drugs

All employees enrolled in medical coverage will have one identification card for medical and prescription drug benefits. CVS Caremark (CVS) is your current pharmacy plan. CVS brings a nationwide network of pharmacies that includes Rite Aid, Walgreens, Walmart, local pharmacies and CVS stores. As a result of the partnership between CVS and BSC, you will have the convenience of carrying only one ID card for both BSC medical and CVS prescription benefits.

## Are prescription drugs covered?

Yes, all plans have prescription drugs and it is administered by CVS Caremark. The prescription plan includes features to encourage members to obtain the lowest cost drug alternative. Dispense as written (DAW) penalty is the difference in the price between the brand name medication and its available generic equivalent. The penalty can be applied if a doctor writes a prescription for brand name medication when generic is available or if the member asks for the brand name to be dispensed even if a generic is available.

## Could a 90-day maintenance medication be picked up at a retail pharmacy?

Yes, members will be able to obtain a 90-day supply of maintenance medications at retail pharmacies. The members cost will be equal to the copay for a 30-day supply, times three. Members can obtain a 90-day supply of maintenance medications through the mail order program. The members cost will be equal to the copay for a 30-day supply, times two.

## Will there be coverage for certain Over the Counter (OTC) medications at a \$0 copay?

Yes, there is coverage for those OTC medications that meet the ACA requirements for medication such as Aspirin, Vitamin D, Folic Acid, Fluoride, Smoking Cessation products, and Iron Supplements (they would still require a prescription).

## Where do I go if I have questions about the pharmacy plan?

I have a question about...

- ❖ Is my medication on the CVS Formulary?
- ❖ Did my Mail Order Drug get transferred?
- ❖ Did my specialty Rx get transferred?
- ❖ Did my Rx authorization get transferred?
- ❖ I'm at the pharmacy but don't have my new ID card

Resources to use:

- ❖ Reta Benefits Center
- ❖ [Caremark.com](http://Caremark.com)
- ❖ Download and use the CVS App
- ❖ Call CVS: [800.844.0719](tel:800.844.0719)



# Dental Plan

Find a dentist at [nedelta.com](http://nedelta.com)

The Diocese offers a comprehensive dental program through Northeast Delta Dental. You can visit any licensed dentist under this plan, but you will maximize plan value by selecting a Delta Dental PPO dentist. PPO network dentists have agreed to reduced contracted rates and is not permitted to “balance bill” you for additional fees.

Plan Design	In-PPO Network PPO Dentists	Out-of-PPO Network Premier and Non-Delta Dentists
Annual Deductible (per calendar year)	\$50	\$75
Annual Maximum (per calendar year)	\$2,000	
Diagnostic & Preventive Services (Exams, cleanings, x-rays, sealants)	100%	
Basic Coverage (Fillings, root canals, gum treatment, oral surgery)	90%	80%
Major Coverage (Crowns, bridges, dentures, implants)	80%	50%

# Vision Plan

The Diocese offers a comprehensive vision plan through DeltaVision. This plan saves you money on your eye care purchases and is available through provider locations participating in the EyeMed Access Network. Two ID cards will be mailed to your home address for use at the EyeMed network provider of your choice.

Benefits	Description	In-Network	Out-of-Network
Exam	Every 12 months	\$10 copayment	Reimbursement up to \$35
Prescription Glasses		\$25 copayment	
Frames	Every 24 months	\$150 allowance, then 20% off balance	Reimbursement up to \$75
Lenses	Every 12 months Single Vision Lined Bifocal Lined Trifocal	\$25 copayment	Reimbursement up to \$25 Reimbursement up to \$40 Reimbursement up to \$55
Lens Enhancements	Every 12 months Standard Progressive lenses Premium Progressive lenses Anti-reflective coating	\$90 copayment \$90 copayment or 80% of charge less than \$120 allowance \$45 copayment	Not Covered
Contacts	Every 12 months Conventional Disposable Medically necessary	\$150 allowance, then 15% off balance \$150 allowance, member pays balance Paid in full	Reimbursement up to \$120 Reimbursement up to \$120 Reimbursement up to \$200

\*See Vision Plan summary for details.



# Flexible Spending Account

## This account will be available to you at no cost

The Diocese of Manchester will continue to offer a Flexible Spending Account (FSA) benefit to our Priests in effort to help you with controlling out-of-pocket medical, dental, and vision expenses. The plan is administered through BAS (Benefit Allocation Systems).

## FSA Plan

**Healthcare FSA:** Utilized for out-of-pocket Medical, Dental and Vision care expenses for you and your family members (regardless of your insurance coverage).

**Health Care (or Medical) FSA:** The Healthcare FSA is an account plan setup by the IRS that allows employees to set aside monies on a pre-tax basis for expenses they intend to incur during the year. For monies you are spending everyday on doctor office copays, deductibles, hospital expenses, prescription copays, and many more items, you could pay for these **tax-free through the FSA.**

### Typical Items Not Covered

- ❖ Health Club Fees unless prescribed for treatment of a medical condition
- ❖ Cosmetic Surgery unless necessary to improve deformity resulting from congenital abnormality, accident, or disease
- ❖ Social Activities such as swimming and dancing, even if medically necessary
- ❖ Massages
- ❖ Weight Loss Program
- ❖ Smoking Cessation Program
- ❖ Any medical expense not allowed by the IRS on a tax filing

## How does this work?

Simply estimate the out-of-pocket expenses you **KNOW** you are going to have for this next year **up to the Annual Maximum (7/1/23 - 6/30/24) of \$3,050.** Keep in mind, this includes any Medical, Dental, and Vision expenses for you **AND** your family (Spouse and Legal Dependents/Children).

A large list of examples is provided by BAS showing what is covered under this plan for you and your family. Once you have an estimated total for the year, the annual amount elected is then divided by your total number of paychecks for the year. These amounts deducted from your paycheck would be deducted **BEFORE** taxes (pre-tax) and would lower your taxable income by the amount set aside in the FSA plan.

## The Benefit?

The amount you set aside in an FSA is taken “pre- tax” meaning it is taken from your paycheck before taxes are applied (much like your Medical Insurance premiums). The benefit is that you are only taxed upon the income remaining, as your paycheck was lowered by the amount set aside in the FSA. You are also saving taxes on the first dollar versus having to itemize and try to write these expenses off on your taxes each year.

**Please refer to IRS Publication 502 for a complete list of eligible expenses.**

# Flexible Spending Account (continued)

For more details, please visit [www.retatrust.org](http://www.retatrust.org)

	Doesn't Participate in an FSA	Does Participate in an FSA
Annual Income	\$35,000	\$35,000
Pre-Tax FSA Contributions	\$0	\$500
Taxable Salary	\$35,000	\$34,500
Federal Withholding (22%)	\$7,700	\$7,590
State Tax Withholding, if applicable (0%)	\$0	\$0
FICA Tax (7.65%)	\$2,677	\$2,639
Total Annual Taxes	\$10,377	\$10,229
Annual Tax Savings	\$0	\$148

## What if I have a lot of expenses at the beginning of the plan year?

Don't worry, you will have the FULL balance of your annual HealthCare FSA amount available to you at the beginning of the year. For example, if you set aside \$1,000 for the year, you will have \$1,000 available to you on day one of the plan year.

## How do I get the money?

Use your debit card in retail stores on eligible expenses, or file a Healthcare FSA claim by visiting [MyEnroll.com](http://MyEnroll.com) and hover your mouse over Flex Spending Accounts. Select "Non-Bar Coded Claim Forms" and select the formatting type from the 3 options: 1. PDF 2. Word 3. HTML

Select the Health Care FSA. Read the instructions and complete the claim form with the applicable information. Mail or Fax document. Mail: BAS, P.O. Box 62407, King of Prussia, PA 19406. Fax: [888.265.2144](tel:888.265.2144).

Claims received prior to Thursday at 3:00 pm if approved, will be paid out by check or direct deposit (if available) on the following Wednesday. Claims that are received and are denied or more information is needed, will receive an explanation of benefits via USPS mail.

**TIPS:** When considering your current out-of-pocket expenses, check out websites like [CVS.com](http://CVS.com), [Walgreens.com](http://Walgreens.com), and [Drugstore.com](http://Drugstore.com). These sites usually have an "FSA Eligible" indicator for items covered under an FSA plan, which can help you further estimate costs and expenses for the year.

**Keep in mind this is a "Use-it or Lose-it" account**, so be sure you are being conservative in your estimates. You will have until the end of the plan year to file for a Healthcare FSA claims. (7/1/2023 – 6/30/2024)

**Keep all receipts!** Also, always keep your receipts in the event you were to get audited (have an envelope for each year and put all receipts aside in the envelope just in case).

# Optional 100% Employee Paid MetLaw Legal Plan

When life calls for legal help, MetLaw is there for you.

Telephone and office consultations are available for an unlimited number of personal legal matters with an attorney of your choice. To learn more, visit [info.legalplans.com](http://info.legalplans.com) and enter access code: **9902396** or call our Client Service Center at **1.800.821.6400** Monday– Friday, 8am–8pm (EST Time).

Money Matters	<ul style="list-style-type: none"> <li>✦ Debt Collection Defense</li> <li>✦ Identity Theft Defense</li> <li>✦ Identity Management Services<sup>1</sup></li> </ul>	<ul style="list-style-type: none"> <li>✦ Negotiations with Creditors</li> <li>✦ Personal Bankruptcy</li> <li>✦ Promissory Notes</li> </ul>	<ul style="list-style-type: none"> <li>✦ Tax Audit Representation</li> <li>✦ Tax Collection Defense</li> </ul>
Home & Real Estate	<ul style="list-style-type: none"> <li>✦ Boundary &amp; Title Disputes</li> <li>✦ Deeds</li> <li>✦ Eviction Defense</li> <li>✦ Foreclosure</li> <li>✦ Mortgages</li> </ul>	<ul style="list-style-type: none"> <li>✦ Property Tax Assessment</li> <li>✦ Refinancing &amp; Home Equity Loans of Primary, Second or Vacation Home</li> </ul>	<ul style="list-style-type: none"> <li>✦ Sale or Purchase of Primary, Second or Vacation Home</li> <li>✦ Security Deposit Assistance</li> <li>✦ Tenant Negotiations</li> <li>✦ Zoning Applications</li> </ul>
Estate Planning	<ul style="list-style-type: none"> <li>✦ Codicils</li> <li>✦ Complex Wills</li> <li>✦ Healthcare Proxies</li> </ul>	<ul style="list-style-type: none"> <li>✦ Living Wills</li> <li>✦ Powers of Attorney (Healthcare, Financial, Childcare, Immigration)</li> </ul>	<ul style="list-style-type: none"> <li>✦ Revocable &amp; Irrevocable Trusts</li> <li>✦ Simple Wills</li> </ul>
Family & Personal	<ul style="list-style-type: none"> <li>✦ Adoption</li> <li>✦ Affidavits</li> <li>✦ Conservatorship</li> <li>✦ Demand Letters</li> <li>✦ Garnishment Defense</li> <li>✦ Guardianship</li> </ul>	<ul style="list-style-type: none"> <li>✦ Immigration Assistance</li> <li>✦ Juvenile Court Defense, Including</li> <li>✦ Criminal Matters</li> <li>✦ Name Change</li> <li>✦ Parental Responsibility Matters</li> <li>✦ Personal Property Protection</li> </ul>	<ul style="list-style-type: none"> <li>✦ Prenuptial Agreement</li> <li>✦ Protection from Domestic Violence</li> <li>✦ Review of ANY Personal Legal Document</li> <li>✦ School Hearings</li> </ul>
Civil Lawsuits	<ul style="list-style-type: none"> <li>✦ Administrative Hearings</li> <li>✦ Civil Litigation Defense</li> <li>✦ Incompetency Defense</li> </ul>	<ul style="list-style-type: none"> <li>✦ Disputes Over Consumer Goods &amp; Services</li> </ul>	<ul style="list-style-type: none"> <li>✦ Pet Liabilities</li> <li>✦ Small Claims Assistance</li> </ul>
Elder-Care Issues	<ul style="list-style-type: none"> <li>✦ Consultation &amp; Document Review for your Parents:</li> <li>✦ Deeds</li> <li>✦ Leases</li> </ul>	<ul style="list-style-type: none"> <li>✦ Medicaid</li> <li>✦ Medicare</li> <li>✦ Notes</li> <li>✦ Nursing Home Agreements</li> </ul>	<ul style="list-style-type: none"> <li>✦ Powers of Attorney</li> <li>✦ Prescription Plans</li> <li>✦ Wills</li> </ul>
Vehicle & Driving	<ul style="list-style-type: none"> <li>✦ Defense of Traffic Tickets<sup>2</sup></li> <li>✦ Driving Privilege Restoration</li> </ul>	<ul style="list-style-type: none"> <li>✦ License Suspension</li> <li>✦ Due to DUI</li> </ul>	<ul style="list-style-type: none"> <li>✦ Repossession</li> </ul>
E-Services	<ul style="list-style-type: none"> <li>✦ Attorney Locator</li> <li>✦ Financial Planning</li> </ul>	<ul style="list-style-type: none"> <li>✦ Insurance Resources</li> <li>✦ Law Firm E-Panel</li> </ul>	<ul style="list-style-type: none"> <li>✦ Self-Help Legal Documents</li> <li>✦ Work/Life Resources</li> </ul>

<sup>1</sup> This benefit provides the Participant with access to LifeStages Identity Management Services provided by CyberScout, LLC. CyberScout is not a corporate affiliate of Hyatt Legal Plans.

<sup>2</sup> Does not cover DUI.



# Optional 100% Employee Paid Hospital Indemnity Plan (New Provider)

The Diocese of Manchester will offer Hospital Indemnity Insurance through Reliance Standard that is 100% employee paid. Hospital Indemnity Insurance can help fill financial gaps caused by out-of-pocket expenses such as deductibles, co payments, and non-covered medical services. The Hospital Indemnity plan will only pay a benefit if you are admitted to a hospital. Payments are made directly to covered employees to spend as they choose.

## Who is eligible for Hospital Indemnity coverage?

Since you pay for this coverage, everyone is able to sign up for hospital indemnity protection without enrolling in one of our medical plans.

## Where can I find more information about the covered benefits/services?

Full benefits can be found in the plan summary. You may also contact Reliance Standard Customer Service at 1-800-351-7500 from 8:00 a.m. – 7:00 p.m. ET Monday through Friday.

## What happens if my employment status changes? Can I take my coverage with me?

Yes, you can take your coverage with you. You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer offers you similar coverage.

## Hospital Indemnity Insurance Benefits

Below are some of the covered benefits/services, when an accident or illness puts you or a covered dependent in the hospital.

Benefit Type	Reliance Standard Pays YOU
<b>Hospital Room &amp; Board</b> Benefit per Day (180 Daily Benefits per Coverage Year)	\$100
<b>Hospital Critical Care Unit</b> Benefit per Day (30 Daily Benefits per Coverage Year)	\$200
<b>Hospital Admission</b> One Daily Benefit per Coverage Year	\$500
<b>Hospital Critical Care Admission</b> One Daily Benefit per Coverage Year	\$1,000
<b>Wellness Care*</b> One Daily Benefit per Coverage Year	\$50
<b>Non – Insurance Services</b> On-Call Travel Assistance	Included

\*Wellness Care means medical examinations and procedures that are preventive in nature and not for the treatment of injury or sickness

## Features:

- ❖ Guaranteed Issue; no medical questions
- ❖ No pre-existing conditions exclusions
- ❖ Mental & Nervous and Substance Abuse treated the same as any other hospital admission
- ❖ No deductibles
- ❖ Eligible for continuation of coverage
- ❖ HIPAA privacy compliant
- ❖ Overlying Major Medical Plan Not Required\*

\*Overlying major medical plan is required for all California residents.

# Optional 100% Employee Paid Accident Plan – New

New in 2023, the Diocese of Manchester will offer a Voluntary Accident Plan through Reliance Standard. The Voluntary Accident plan provides a range of benefits for injuries resulting from a covered accident. Benefits are paid directly to you and may be used for any reason, from deductibles and prescriptions to transportation and childcare.

## Who is eligible for Accident coverage?

Since you pay the full cost for this coverage, all benefit eligible employees are able to sign up for the Voluntary Accident plan without enrolling in one of our medical plans.

## Where can I find more information about the covered benefits/services?

Full benefits can be found in the plan summary. You may also contact Reliance Standard Customer Service at 1-800-351-7500 from 8:00 a.m. – 7:00 p.m. ET Monday through Friday.

## Voluntary Accident Benefits

Below is a snapshot of the benefits offered through the Voluntary Accident plan.

Benefit Type	Reliance Standard Pays YOU
Ambulance	\$100 Ground, \$500 Air
Burns	To \$800 for 2nd degree burns; To \$6,400 for 3rd degree burns; Skin Graft - 25% of benefit payable for Burns
Chiropractic Services (per Visit)	\$25 per session, 6 sessions maximum
Coma	\$5,000
Concussion	\$100
Dental Injury	\$150 for Crown; \$50 for Extraction
Diagnostic Exams	\$100 per CT/MRI scan
Emergency Treatment	\$150
Eye Injury	\$100 for removal of foreign object, \$200 for surgical repair
Fractures	To \$2,500 for Non-surgical; to \$5,000 for Surgical repair, Chip fracture: 25% of non-surgical benefit; Multiple fractures: 100% of highest sustained fractured
Initial Hospital Admission	\$500
Initial Intensive Care Unit Hospital Admission	\$1,000
Hospital Confinement (per Day)	\$200, 365 days maximum
Intensive Care Unit Confinement (per Day)	\$400, 30 days maximum
Physical Therapy (per Session)	\$25, 6 sessions maximum
Physician Visit	\$50 Initial; \$50 Follow-up
Rehabilitation Facility Confinement (per Day)	\$50, 30 days maximum
Surgery	\$100 for Exploratory; \$300 for Knee Cartilage; \$1,000 for Abdominal or Thoracic; \$500 for Ruptured Disc; to \$600 Tendon, Ligament, or Rotator cuff
X-Rays	\$25

\*For full benefits and services, please see the plan summary.

## Features:

- ✦ Portability to Employee Age 70
- ✦ FMLA/MSLA Continuation
- ✦ 24-Hour Travel Assistance Services
- ✦ 24-Hour Coverage

# Employer & Employee Contributions

All eligible employees who elect medical coverage will have deductions withheld from their paycheck. The monthly employer's contribution for medical insurance is reflected below. These contributions are effective July 1, 2023 through June 30, 2024.

## Medical: EPO 0-1 Plan

	Monthly Plan Cost	Diocesan Contribution	Employer Contribution	Priest Contribution
Employee	\$1,098.08	\$77.97	\$1,020.11	\$0.00

## Dental: Northeast Delta Dental

	Monthly Plan Cost	Employer Contribution	Priest Contribution
Employee	\$52.70	\$52.70	\$0.00

## Vision: EyeMed

	Monthly Plan Cost	Employer Contribution	Priest Contribution
Employee	\$6.86	\$6.86	\$0.00

## Hospital Indemnity (100% Priest Paid)

Employee	\$16.93
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## Voluntary Accident (100% Priest Paid)

Employee	\$9.39
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## MetLaw (100% Priest Paid)

Employee	\$19.80
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# Contact Information

## **Blue Shield of California**

888.772.1076

[www.provider.bcbs.com](http://www.provider.bcbs.com)

Contact Member Services for ID card

## **CVS Caremark**

1.800.844.0719

[www.caremark.com](http://www.caremark.com)

## **DeltaVision**

1.800.537.1715

[www.nedelta.com](http://www.nedelta.com)

Contact Member Services or access the website for ID card

## **MetLaw**

1.800.821.6400

## **BAS – Cobra Control Services**

1.877.360.7382

## **Northeast Delta Dental**

1.800.537.1715

[www.nedelta.com](http://www.nedelta.com)

Contact Member Services for ID card

## **BAS – FSA Administration**

1.800.945.5513

[www.MyEnroll.com](http://www.MyEnroll.com)

## **Reliance Standard – Hospital Indemnity and Accident Insurance**

1.800.351.7500

## **HIPAA Privacy Notice Availability**

We take your privacy seriously...We are able to provide a copy of our HIPAA privacy notice and talk to you about our privacy practices. Please contact the Human Resource Department if you have any questions.

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

*This benefit summary prepared by*



**Gallagher**

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