DIOCESE OF STOCKTON

Open Enrollment
Benefit year: July 1, 2026 – June 30, 2027

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May 11, 2026

Open Enrollment 2026

During open enrollment, you are eligible to enroll in medical & vision, dental, voluntary life benefits and the Flexible Spending Account (FSA). The dental plan could apply late entrant penalties if you did not enroll yourself or your dependents when first eligible. Open Enrollment will be from 5/18/26 – 5/22/26. All employees should update the Life Beneficiary form with their Administrator. All other paperwork for new hires or changes can be obtained from your Administrator.

We are replacing Premier Access Dental with Delta Health Systems using the Cigna PPO Network. New dental ID cards will be issued in June. There is no longer a PCN Dental Network, which was the Western Dental or Smile Care Centers. Be sure to check the dental network starting 7/1/2026. If you have claims in May or June and they are not submitted until after 7/1/26, Premier will deny them and they will need to be resubmitted by the dentist to the information on the new dental ID card.

Qualifying Events to Make Changes:

- Other times you may make changes to your coverage are referred to as a status change or life event and may occur when you get married, divorced, birth of a child or death of a dependent during the plan year.
- You have 30 days from the date of the life event to make changes to your benefits (marriage/new baby/divorce)
- Dependent children are eligible to be covered under medical up to age 26, whether a full-time student or not.
- Dependent children are eligible to be covered up to age 19 for dental and vision; or up to age 25 if a full-time student with a required student certification.

SBC and Plan Documents (Summary of Benefits and Coverage):

- Health Care Reform requires that employers provide an SBC every year during open enrollment. This will also be made available in the future upon written request within 7 business days. A copy will be made available from your Administrator or will also be accessible on the Diocesan website: ***https://www.stocktondiocese.org/forms-2***. It will be available no later than 6/30/2026.
- The Plan Documents/SPD and Amendments are available now. Any Amendments to this document will be posted by 6/30/2026.

Things to Remember

Delta Navigator (Rightway):
They can help match you with a doctor or specialist, including mental health services.
They can make an appointment for you.
They can provide upfront pricing on some services and dispute bills on your behalf.

Virtual doctor visits for $10 including mental health providers. Why wait at the urgent care for hours when you can call from your home or office and if you need a prescription, they can send it to your pharmacy for pick up and you pay your normal Rx copay.

Contact Rightway 833-950 4397. Their number is on your medical ID card.

Prescriptions:
Did you know you can obtain a 90-day supply of maintenance medications at your local Walgreen's?

You can save one copay, and you save time by not standing in the pharmacy line each month.

Also, you can use the mail order to obtain a 90-day supply and have it shipped directly to your home or office by LucyRx.

Your medical, dental and vision plans all offer and encourage you to have annual routine exams. The medical routine exam and associated labs are free. The dental cleanings you can have done with in network dentist twice a year are free and for Vision there is a $10 exam copay. If is important to take care of yourself and have these routine services taken care of each year. Early detection is the best cure.

The IRS FSA Limit is $3,400 per employee for Healthcare and remains at $5,000 per household for Dependent Care. You must re-elect the FSA each year at open enrollment.

This plan includes the religious employer exemption, so certain items are not covered based on the church's beliefs.

Medical and Rx

Medical Plan Restrictions:

- **Important Information:** Specialty medication for conditions like HIV, Cancer, Rheumatoid Arthritis, Psoriasis, Respiratory Disease, Immune System Disorders, MS, and other diseases usually require special handling and can be extremely expensive.
- Specialty medications will need to be filled through Walgreen's Specialty after one fill at a participating pharmacy. We encourage employees to share this information with your physician or other health care providers to optimize your prescription drug benefit. Specialty medication requires a 20% share of cost up to $150 copay per script. The brand name plan year deductible of $150 per person applies to Specialty medication before the copay applies and resets each year on 7/1.
- There is a specific list of specialty medications excluded from the Plan that includes gene & cell therapy. Please refer to the exclusions in the SPD/Plan Documents for more details as this does not apply to all specialty medications.

Medical and Rx

Coverage	Blue Shield PPO Provider	Non-PPO Provider
Plan Year Deductible (July 1-Jun 30)	$500 Individual $1,000 per family	$1,500 Individual $3,000 per family
Deductible if wellness steps completed	$0 Individual $0 per family	Same as above-wellness credit does not apply out of network
Plan Year Out of Pocket Maximum	$2,500 Individual $7,500 per family	$10,000 Individual $20,000 per family
Office Visits Telemedicine Visits Urgent Care	$25 copay $10 copay $25 copay	You pay 50% of an allowed amount after deductible N/A 50% of an allowed amount after deductible
Routine Preventive Care done once a year per HHS Guidelines	No cost	Not covered
Hospital/Outpatient Surgery	You pay 20% of allowed charges after deductible	You pay 50% to $600/day max after deductible
Most diagnostic X-Ray, Lab	You pay 20% of allowed charges after deductible	You pay 50% of an allowed amount after deductible
Emergency Services	$400 copay per admit (copay waived if admitted) and 20% of Emergency Physician charges	
Prescription Deductible per Plan Year	$150 per member starting 7/1 each year. Copays below do not apply until Rx deductible is satisfied for Brand & Specialty Rx.	
Retail Generic - deductible waived	$10 copay	25% of allowed + $10 copay
Retail Formulary Brand	$25 copay	25% of allowed + $25 copay
Retail Non-Formulary Brand	$40 copay	25% of allowed + $40 copay
Specialty Rx-refills must go through Walgreen's Specialty	20% (up to $150 per script)	Not covered

This is a brief summary of coverages. Please refer to your Plan Documents.

Dental & Vision

Dental using Cigna PPO Network	PPO / Non-Contracted
Plan Year Deductible	$0 / $50 Individual $0 / $150 Family
Preventive Care	100% / 100%
Basic Services	90% / 80%
Major Services (crowns, bridges, implants)	60% / 50%
Plan Year Maximum	$2,000
Orthodontia (adult & child)	50% to $1,500 Lifetime max per person

VSP	In Network	Out of Network
Exam	$10 copay every 12 months	Up to $45 every 12 months
Lenses	$0 copay every 12 months	Up to $30-$65 every 12 months depending on Single, Bifocal, Trifocal
Frames	$0 copay up to $150 wholesale allowance & 20% off balance over $150 every 24 months	
Contacts (in lieu of lenses/frames) Separate fitting fee applies not to exceed $60	$0 copay up to $150 wholesale allowance every 12 months	Up to $105 every 12 months

Lens enhancements are covered in full after a copay, saving our members an average of 30%

Lens Enhancement	*Single Vision*	*Multifocal*
Anti-reflective coating	$41	$41
Polycarbonate - Adult	$31	$35
Polycarbonate - Children	Covered	Covered
Progressive	N/A	Covered
Photochromic	$75	$75
Scratch-resistant coating	$17	$17

Prices above reflect standard lens enhancement selections; premium or custom lens enhancements may also be available at an additional cost

This is a brief summary of coverages. Please refer to your Plan Documents.

Dental and Vision

Delta Health Systems – Cigna PPO Dental

- **Important Information:** The Dental plan deductible and plan year maximum are on a fiscal year from July 1st through June 30th of each year. Dependent children are covered to age 19; or up to age 25 if they are a full-time student with the proper form on file. The plan includes annual open enrollment so you can enroll as a new participant during open enrollment, but late entrant penalties may apply if you did not enroll when first eligible or had a qualified loss in coverage and enrolled within 31 days of that loss in coverage.
- Late Entrants: 6 month waiting period before Basic Services are covered and 12 months for Major Services for new enrollees. Prior group coverage credit may apply.

Vision:

- **Important Information:** Enrollment in the vision plan will match your election for medical. For example, if you elect Employee + Spouse for medical coverage, you and your spouse will also have the vision benefit. You cannot have vision without having medical. Dependent children are covered to age 19; or up to age 25 if they are a full-time student with the proper form on file.
- VSP contracts with Ophthalmologists and Optometrists along with Walmart Optical and Costco. Please note all Costco or Walmart Ophthalmologists/Optometrists are not contracted so check first before your appointment.
- Locate most recent list of vision providers at www.vsp.com

Basic Life and AD&D and Long-Term Disability

Basic Life and AD&D

- Your employer provides $20,000 Basic Life and AD&D with Symetra at no cost to you. Everyone is being asked to update the beneficiary forms. If you have a life event (marriage/divorce/child) you can complete a new beneficiary form at any time by contacting your Administrator. The benefit may double to $40,000 if death was due to an accident.

- If married, California law states your legal spouse is entitled to at least 50%. If you want to name someone other than your spouse, you will need to get them to have your spouse sign a spousal waiver. You can obtain the waiver form from your Administrator.

Long Term Disability-Lay Employees

- Your employer also provides Long Term Disability that covers up to 60% of your monthly salary, up to a $5,000 maximum benefit per month for Lay employees.

Voluntary Life/AD&D

Symetra Voluntary Life and AD&D:

- As a new employee, you can purchase additional life insurance without completing an Evidence of Insurability form (EOI) or going through medical review. The amounts you can purchase are: $25k, $50k, $75k, $100k, $125k, $150k or $175k.
- If you did not enroll as a new hire, you may elect Voluntary Life during open enrollment, however, you will be required to go through medical review and must complete an Evidence of Insurability (EOI) form along with the enrollment form. The insurance carrier will determine your eligibility.
- **Currently enrolled employees and spouses may purchase $25k additional each year during open enrollment, with no medical underwriting, up to the maximum amount of $175k Any amount over the $25k, would require an EOI. The spouse amount cannot exceed the employee amount. Evidence of Insurability form must be obtained from your Administrator.**
- Guarantee issue amounts for newly eligible are: $175,000 for employee, $25,000 for spouse and $10,000 for children to age 26.
- The employee must elect coverage to cover spouse and/or child(ren). The spouse coverage cannot exceed the amount in force for the employee.
- This benefit is portable and can be taken with you if employment terminates. You need to have been insured for 12 months and request portability from the insurance carrier within 30 days of termination.

Voluntary Life Plan and Rates

Symetra Voluntary Life and AD&D Plans

Coverage	Vol. Life	Vol. AD&D
Employee Benefit Amount (employee must be enrolled in AD&D Plan for spouse to elect AD&D coverage)	Choice of $25,000; $50,000; $75,000; $100,000; $125,000 $150,000 or $175,000	Choice of $25,000; $50,000; $75,000; $100,000; $125,000 $150,000 or $175,000
Maximum Amount for Spouse (spouse amount cannot be higher than employee amount)	100% of employee amount	100% of employee amount
Dependent Child(ren): (Live Birth to 6 mo)	$1,000	$1,000
Dependent Child(ren): (6 months to age 26)	$10,000	$10,000
Guarantee Issue for Voluntary Life (Employee/Spouse)	$175,000/$25,000	$175,000/$25,000
AD&D Seatbelt and Airbag Benefit (Employee/Dependent)		$10%/$25,000 Seatbelt 5%/$5,000 Airbag
Accelerated Death Benefit		Included to a maximum of $15,000 not to exceed 15% of in force amount
Conversion/Portability		Both
Annual Enrollment Period		Included
Age Reduction		65% at age 70; 50% at age 75
Annual Open Enrollment	$25,000 for existing employee to $175k max-no EOI	

Rate Guaranteed until 7/1/2027 – age bracket changes apply at renewal. Existing enrollees can buy up $25k each subsequent year during OE with no EOI required.

Monthly Rates per $1,000 Benefit by Age – Voluntary Life/AD&D

Vol. Life	Employee	Spouse	Child
Child			$2.937/$10,000
Age 20-24	$0.055	$0.067	
Age 25-29	$0.063	$0.076	
Age 30-34	$0.080	$0.097	
Age 35-39	$0.110	$0.140	
Age 40-44	$0.158	$0.201	
Age 45-49	$0.252	$0.315	
Age 50-54	$0.400	$0.490	
Age 55-59	$0.615	$0.752	
Age 60-64	$0.960	$1.286	
Age 65-69	$1.666	$2.196	
Age 70-74	$2.974	$3.913	
Age 75 +	$5.827	$7.837	
Vol. AD&D	**Employee**	**Spouse**	**Child**
All Ages	$0.027	$0.028	$0.300/$10,000

Example: Emp 40-44 $50k Life = $7.90
$50k ADD =$1.35
$9.25
child(ren) $10k Life = $3.00
total $12.25/month or $5.65 per pay period (26)

Flexible Spending Account

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- If you know that you or your qualified dependents are going to meet the deductible or have several copays a year for various doctor visits, dental services, vision exams and glasses, prescription copays or the brand name deductible, you can set aside pre-tax dollars to reimburse yourself. You save about $.25 per dollar.
- All employees are required to make their 2026 FSA election, either electing or declining to enroll in the FSA. If you wish to continue using the FSA for pre-tax dollars for reimbursable medical, dental and vision expenses, over the counter medications plus other over the counter eligible products, you must complete the necessary paperwork with your Administrator and elect the amount you wish to contribute per paycheck on a pre-tax basis. This election can only be done during open enrollment or as a new hire.
- The minimum amount to contribute pre-tax is $250; the IRS maximum amount is $3,400 for Medical FSA.
- This is also your opportunity to enroll in the Dependent Care spending account for qualified children to age 13. If the child turns13 in the middle of the plan year, please plan accordingly. The IRS maximum amount allowed pre-tax is $5,000 per household (married filing jointly or head of household). This can also be used for a disabled spouse for Adult Day Care. If you wish to elect dependent care coverage, you must complete the necessary paperwork with your Administrator during open enrollment or as a new hire.
- You must re-enroll each year so if you do not complete the paperwork and make the election for 2026-2027, you will not have the FSA.
- Having your monthly contributions taken pre-tax for medical/vision and dental, will happen automatically unless you notify your Administrator that you wish to decline and complete the waiver form.
- There is a use-it or lose-it clause, but you will receive two notices a year reminding you to spend those flex dollars. You can also spend them at the FSA Store by going to www.fsastore.com or Amazon and search by FSA to spend those FSA funds. **Please note that the FSA account ends the date you terminate. You have 30 days to submit claims that were occurred prior to your termination date. Depending on your FSA Health Care Balance, you may have an option to elect Continuation of Coverage. Please contact isolved for details if you terminate benefits.**

Wellness Program 2026/2027

- Employees and enrolled spouse, if applicable, must complete the Core Wellness Online Health Risk Assessment by 5/31/2026.
- Employee and enrolled spouse must also submit to Delta Team Care, the completed Physician Attestation Form, including the biometric data on the form**.**

Annual physicals can be done any time during the plan year without the 12-month time limitation between physicals. Your provider might say you have to wait 12 months and 1 day, but your plan is different.

- When these two steps are completed by both employee and enrolled spouse, the In Network family deductible of $1,000 will be $0 for the plan year 7/1/2026 – 6/30/2027. If only the employee completes the two steps, the In Network individual deductible of $500 will be $0 for the plan year 7/1/2026 - 6/30/2027. If you have emp + child(ren) coverage, only the employee completes the two steps, the family deductible of $1,000 is bought down to $0 for In Network services for the employee & child(ren).
- Reminder: The wellness deductible credit is for the In-Network deductible only. The Out of Network Deductible would still apply for any services out of network.

Monthly Rates & Contributions – 7/1/26 – 6/30/27

	Medical/Vision	
	Employer	Employee
Payroll deductions are shown on a Monthly basis		
Employee	$ 1,282.00	$ 180.00
Employee + Spouse	$ 2,111.00	$ 950.00
Employee + Child(ren)	$1,670.00	$ 800.00
Employee + Family	$2,715.00	$1,350.00

	Dental	
	Employer	Employee
Payroll deductions are shown on a Monthly basis		
Employee	$46.00	$ 8.00
Employee + Spouse	$69.00	$43.00
Employee + Child(ren)	$65.00	$37.00
Employee + Family	$94.00	$67.00

Value Added Services

EAP – 24/7/365 phone consultations for help with Balancing Life & Work, Legal & Financial Matters, etc. Call 888-327-9573.

Travel Assistance through Symetra – Helping hand in Medical Emergencies while traveling 100+ miles from home; find doctors, coordinate emergency transfers, obtain valuable pre-departure information, emergency medical evacuation and more. Call 877-823-5807.

Identity Theft Resolution Program

Direct access to 24/7/365 support in case your identity is stolen. Someone to act as your advocate, advise and help you get things back to normal. Call 877-823-5807.

Carrier Websites & Contact Info:

- Your one stop call for all things related to medical, dental, vision and Rx questions:

  Rightway/Delta Navigator for Telemedicine or Concierge Customer Service (833) 950-4397
  www.RightwayHealthcare.com

- Delta Health Systems TPA Group #618, www.deltahealthsystems.com (888) 212-1231
- Dental – Delta Health Systems TPA (Cigna PPO Dental Network) #618, www.deltahealthsystems.com or call Rightway (833) 950-4397
- Delta Team Care (Wellness) (866) 724-0032 www.DTCwellness.com
- LucyRx Customer Service (877) 860-8846 www.lucyrx.com
- Walgreen's Mail Order: www.alliancerxwp.com/home-delivery (800) 345-1985
- Walgreen's Specialty – www.alliancerxwp.com/specialty-pharmacy (866) 202-4014
- iSolved (FSA) email: fsa@isolvedhcm.com or call (800) 300-3838
- VSP / Group #40154842, www.vsp.com or call (800) 877-7195
- Symetra Group #01-016651-00 www.symetra.com Call (877) 377-6773
- Group Life-AD&D and Long-Term Disability (LTD)
- Symetra Voluntary Term Life/AD&D
- *EAP-Employee Assistance Program, www.guidanceresources.com
  Web ID: SYMETRA or you can call (888) 327-9573
- ID Theft Resolution Program, (877) 823-5807
- Travel Assist, www.symetra.com or call (877) 823-5807

Delta Navigator
Powered by Rightway

Your guide to better health.

Rightway helps you get the highest-quality and most complete care at the lowest cost. Your dedicated health guide can match you with the doctor you need, make an appointment for you, provide upfront pricing, and even dispute bills on your behalf.

Real humans helping real humans.

Need care? Your guide will...

+ Find you the best doctor and make an appointment.
+ Assess your symptoms and figure out next steps.
+ Provide upfront pricing for medical visits and pharmacy needs.

Unexpected bill?

+ Send it our way and we'll explain the charges.
+ If something looks wrong, we'll dispute it on your behalf.

Not sure where to start?

+ Connect with your guide to do a health assessment.
+ Get an overview of your benefits.

Think of us as "a doctor in the family."

" I never knew that therapy was covered under my insurance! Rightway helped explain my benefits and gave me peace of mind."

JACK Q ON FINDING A MENTAL HEALTH PROVIDER.

To access Delta Navigator, download the Rightway app from the App Store or get it on Google Play.
Contact Rightway at 833.950.4397

Download on the App Store

Get it on Google Play

Delta Navigator

Powered by Rightway

Introducing Clinical+. Telemedicine from Rightway.

Clinical+ is a telemedicine solution from Rightway that combines communication via video, phone call, and chat, nationwide coverage for broad access, primary and urgent care services, and our highly experienced, in-house clinical team offering 24/7/365 support for a $10 copay.

END-TO-END CARE ACROSS THE MEMBER JOURNEY

This example shows how Rightway Clinical+ supports members through the journey — from outreach to aftercare.

1. **Member reaches out**
   Member has knee pain and connects with health guide.
2. **Initial health guide review**
   Health guide reviews symptoms and transfers member to virtual visit.
3. **Virtual visit**
   Virtual visit shows intensifying swelling.
4. **Escalation of care**
   Health guide steers to freestanding imaging facility.
5. **Provider recommendation**
   Virtual visit to review x-ray; provider recommends physical therapy.
6. **Aftercare and adherence**
   Health guide schedules in-network physical therapy, and continues to follow up with member.

Why telemedicine from Rightway?

Rightway Clinical+ delivers a seamless experience between care navigation and telemedicine, supporting every member across their care journey.

ONE TEAM DEDICATED TO BETTER OUTCOMES

Health guides work hand-in-hand with clinicians to provide high-touch care, creating the doctor-in-the-family experience.

LOWER COSTS FOR MEMBERS

Low $10 copay results in decreased utilization of more costly care options while improving outcomes.

A DATA-DRIVEN APPROACH TO TELEMEDICINE

Health guides have access to benefit details, clinical information, and member profile to optimize care experience.

QUALITY AND CONTINUITY OF CARE COME FIRST

Health guides follow the member through multiple touchpoints, helping them access high quality care and manage follow-ups.

MyBenefits2GO: FREE MOBILE BENEFITS APP

The MyBenefits2GO app gives you on-the-go access to the Diocese of Stockton benefit and insurance policy details, HR contact information and more!

The mobile benefits app provides a quick and simple way for you and your enrolled dependents to access benefit summaries and other important information about our group plans. The app also offers the ability to take photos of ID cards to store on the phone, as well as a way to easily locate carrier and HR contact information—all in one place—24/7 and on the go. The MyBenefits2GO app is free and available for iPhone and Android platforms. App benefits include:

- **Staying Organized**
  The app gives you access to benefit plan information and ID cards—all in one place.
- **Keeping Up-to-Date**
  The app automatically connects you with the most updated plan information.
- **Lightening Wallets**
  The app allows you to store and share images of your ID cards. Images are stored on the phone itself; no personal health information is transmitted or saved.
- **Getting In Touch**
  The app provides you with a single location to find contact information for the Human Resources team and the Benefit Resource Center, as well as insurance carriers.

Check Out the App

Download the mobile app to your smartphone. Scroll through the intro pages and, when prompted, enter the code to see your plan information.

Code: B38845

Call the Benefit Resource Center ("BRC"), We're Here To Help!

We speak insurance. Our Benefits Specialists can help you with:

- Deciding which plan is the best for you
- Benefit plan & policy questions
- Eligibility & claim problems with carriers
- Information about claim appeals & process
- Allowable family status election changes
- Transition of care when changing carriers
- Claim escalation, appeal & resolution
- Medicare basics with your employer plan
- Coordination of benefits
- Finding in-network providers
- Access to care issues
- Obtaining case management services
- Group disability claims
- Filing claims for out-of-network services

USI®

Benefit Resource Center

BRCCA@usi.com | Toll Free: 888-336-7463

Monday through Friday 8:00am to 5:00pm Pacific Standard Time

Specialty Rx exclusions

formerly IPM (Integrated Prescription Management)

The Roman Catholic Bishop of Stockton aka Diocese of Stockton Group Health & Welfare Plan
Prescription limitations and exclusions on birth control and other specific specialty medications.

1. Birth control pills, birth control devices, Plan B One Step, etc.
2. Luxturna
3. Exondys
4. Spinraza, Zolgensma & Vyndaqel
5. Cerdelga
6. Elaprase
7. Austedo
8. Northera
9. Galaford
10. Korlym
11. Juxtapid
12. Egrifta
13. Tegsedi
14. Xyrem
15. Adagen
16. Firdapse
17. Oxervate
18. Hep C – Sovaldi
19. Hep C Mavyret
20. Hep C Epclusa
21. Ingrezza
22. Diacomit
23. Alprolix, BeneFix, Rixubis, Ixinity, Hemgenix, Beqvez and Anti-Hemophelia(E)
24. Ponvory
25. Cell and gene therapy

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