

**Diocese of Oakland**  
**Highlights of the Reta Trust Medical Plans**  
**July 1, 2025 – June 30, 2026**



Benefits	Network-Only EPO Blue Shield of CA	Network-Only EPO Blue Shield of CA	Reta DEPO Kaiser Permanente	Reta DEPO Kaiser Permanente	Network-Only HPN Blue Shield of CA
<b>Coinsurance Percentage (Network/Non-Network)</b>	90%/not covered	80%/not covered	90%/not covered	90%/not covered	90%/not covered
<b>Office Visit Copay</b>	\$25	\$25	\$20	\$25	\$25
<b>Hospital Copay Per Admission</b>	90%	80%	90%	90%	90%
<b>Emergency Room Copay</b>	90%	80%	90%	90%	90%
<b>Calendar Year Deductible</b>					
▪ Individual	\$500	\$1,000	\$500	\$1,000	\$500
▪ Family	\$1,000	\$2,000	\$1,000	\$2,000	\$1,000
<b>Calendar Year Out-of-Pocket (includes annual deductible)</b>					
▪ Individual	\$2,500	\$5,000	\$3,000	\$4,000	\$2,500
▪ Family	\$5,000	\$10,000	\$6,000	\$8,000	\$5,000
<b>Chemical Dependency / Alcoholism Treatment</b>	Combined with Mental Health Care	Combined with Mental Health Care	90%	90%	Combined with Mental Health Care
<b>Mental Health</b>					
▪ Inpatient	90%	80%	90%	90%	90%
▪ Outpatient	\$25	\$40	\$20	\$25	\$25
<b>Chiropractic</b>	24 Visits Cal Yr Max \$25 Copay	24 Visits Cal Yr Max \$40 Copay	24 Visits Cal Yr Max \$15 Copay	24 Visits Cal Yr Max \$15 Copay	24 Visits Cal Yr Max \$25 Copay
<b>Skilled Nursing Facility</b>	90%	80%	90%	90%	90%
<b>Routine Physical Exam **</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Outpatient Surgery</b>	90%	80%	90%	90%	90%
<b>Diagnostic Laboratory, X-Ray and Exams</b>	90%	80%	\$10 Copay	\$10 Copay	\$10 Copay
<b>Well Baby/Child Care **</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Prescription Drugs</b>					
<b>Retail – 30 days</b>	<b>\$10/\$30/\$50</b>	<b>\$10/\$30/\$50</b>	<b>\$10/\$30</b>	<b>\$10/\$30</b>	<b>\$10/\$30</b>
<b>Retail – 90 days</b>	<b>\$30/\$30/\$50</b>	<b>\$30/\$90/\$150</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Mail Order</b>	<b>\$20/\$30/\$50</b>	<b>\$20/\$60/\$100</b>	<b>\$20/\$60</b>	<b>\$20/\$60</b>	<b>\$20/\$60</b>

\*\* For preventive health services, office copays may be charged if the physician bills separately for the office visits.

**IMPORTANT NOTE:** This comparison is designed to be a brief overview of the health plan offerings of the Reta Trust. See the plan description for a full description of covered provisions, limitations and exclusion, including customary and reasonable charges.

Prepared by: Gallagher Benefit Services  
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Page 1 of 2

Updated April 2025

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ELIGIBILITY AND ENROLLMENT - CONTACTS		
<b>Benefit Allocation Systems (BAS)</b>	<a href="http://www.retastrust.org">www.retastrust.org</a> Email: <a href="mailto:service@retaenroll.org">service@retaenroll.org</a>	Employees: (877) 303-7382 Administrators: (877) 301-7382
MEDICAL – CONTACTS		
<b>PPO/EPO (Blue Shield of CA)</b>	<a href="http://www.BlueShieldca.com">www.BlueShieldca.com</a>	(888) 772-1076
<b>Kaiser (EPO)</b>	<a href="http://www.kp.org">www.kp.org</a>	(800) 533-1833
PRESCRIPTION – CONTACTS		
<b>PPO/EPO</b>	<a href="http://www.Caremark.com">www.Caremark.com</a>	(800)-844-0719
<b>Kaiser (EPO)</b>	<a href="http://www.kp.org">www.kp.org</a>	(800) 533-1833
DISTRIBUTION OF BENEFIT INFORMATION		
All medical, dental and vision benefit information is mailed to the home address of the new enrollee. ID cards are also mailed to the homes, usually under separate cover.		

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Page 2 of 2