



FAQ – 2023 Open Enrollment

What is Open Enrollment? – Open enrollment (OE) is an annual period when you have an opportunity to change medical plans, add dependent coverage, or disenroll if you no longer want the coverage.

When is the Open Enrollment Period? – **The open enrollment period this year is from May 9 to May 23.** All elections made during this time will be effective from July 1, 2023 to June 30, 2024 and will be binding unless you experience a Qualified Life Event (QLE).

Who is required to complete the Open Enrollment process? – All current employees are scheduled to work 30 or more hours per week effective July 1.

How do I complete the Open Enrollment process? – The Open Enrollment process is available online only. You must log in to your portal at www.RetaTrust.org to access it. If you need technical support, contact the Reta Client Service Center at 707-303-7382.

If I don't plan to make changes to my coverage, am I required to complete the OE process? – Yes, your current coverage will not be carried over to the new plan year. You must complete the OE process to make your medical election for the next plan year and approve the **new payroll deductions** for health coverage or waive coverage.

If I take no action, will my coverage automatically carry over? – No, your current coverage will not be carried over to the new plan year. You must complete the OE process to make your medical election and approve the new payroll deductions for health coverage or waive coverage.

I don't do computers. Are there paper forms I can complete? – No, the Open Enrollment process is only available online. If you need assistance with creating/accessing your Reta Trust portal, ask the Benefits Administrator at your location to help with this and walk you through the online process. Note: You must sign in using your account. The system will register who made the plan election therefore your Benefits Administrator is not allowed to do it for you using their administrator account.

I am currently on a Leave of Absence. Do I have to complete the OE process? – Yes, if you are on a Leave of Absence, and are currently covered, you must complete the OE process by the due date to have health coverage in the new plan year.

I will be eligible for coverage effective July 1. Am I required to complete the OE process? – No, if you are not currently covered, the enrollment wizard will not be opened to you during this time. You will have the opportunity to make your plan election at your own 30-day *New Hire Enrollment Period* starting with your eligibility date.

I will no longer be a full-time employee after June 30. Am I required to complete the OE process? – No, you do not complete the OE process. Your coverage will terminate prior to July 1st.

I am not coming back for the new school year, but I will work through the summer/during summer school. Am I required to complete the OE process? – Yes, if you are working during July and/or August (regardless of the number of hours), you are eligible for health benefits and are required to complete the OE process.

How do I know if I completed my enrollment or if I did it correctly? – Once you complete all the steps indicated to you on the right of the screen of the open enrollment wizard, click “Confirm” and print the summary of your elections and you will see a message *“You are all set! – Congratulations! You have completed your open enrollment for the 2023 Plan Year”*.

I don’t need medical coverage. Can I only enroll in the Dental plan? – Yes, as of July 1, 2023 the health benefits offered to employees and their eligible dependents are available as unbundled benefits that include: medical/prescription, dental, and vision plans. However, employees & dependents must be enrolled in the same benefit plans.

I have good health coverage. Do I have the option to waive the coverage offered to me? – Maybe. Waiving the health coverage is an option if your current medical plan offers the required minimum essential coverage per ACA standards and it is not a plan offered by Covered California hence must not be receiving government-subsidized insurance. Some sites may offer a financial incentive to employees who waive the coverage. Ask your benefits administrator for information on this.

I have Medicare. Can I waive the health coverage offered to me? – Maybe. Having only Medicare Part A and B coverage does not satisfy the minimum essential required by ACA mandates. You must be insured by a Medicare supplemental plan also to qualify for waiving of coverage. However, if you are enrolled in a Medicare Advantage plan you may waive the coverage. In any instance, you will not qualify to receive a financial incentive if your employer offers one.

I want to waive the coverage. I have checked the requirements and I qualify. What is the process? – To indicate your wish to waive your right to the health benefits offered to you, you must complete the following two requirements: 1) Complete the online Open Enrollment process, and 2) provide your employer with a document of proof of your current coverage.

I waived the coverage. What documents are acceptable documents of proof of other coverage? – The following are accepted as proof of other coverage: a copy of your current medical card and a letter or document from your insurance carrier. Or if coverage is through your spouse or parent, a letter from their employer indicating you have coverage as a dependent.

If I waive coverage now, can I enroll later? – Yes, if you chose to waive the coverage now, you may enroll later if you experience a Qualifying Life Event. See the Lay Employee Benefits Manual for information and instructions on completing the Qualifying life event process.

How much does it cost to add dependent coverage? – A rate sheet is provided with the Open Enrollment information package, and the Benefits Guide, and can also be found on the Diocesan website: www.SRDiocese.org.

I am enrolling my dependents. What documents must I provide? – The Reta Trust requires dependent verification documents to be uploaded during the enrollment process. The following must be uploaded in PDF format in the OE portal.

Dependent Type	# Docs	Primary Req'd Doc	Secondary Req'd Doc (Any one of the following list)	Tertiary Req'd Doc
Spouse	2	Marriage Certificate	Jointly Filed 1040* Financial Document in both names* Utility bill in both names*	N/A
Child	1	Birth Certificate Hospital Birth Record (newborns only)	N/A	N/A
Stepchild	3	Birth Certificate	Marriage Certificate	Jointly Filed 1040* Financial Document in both names* Utility bill in both names*
Disabled Dependent	2	Birth Certificate	EE's form 1040 with dependent listed Dependents 1040 filed from EE's address SSDI Documentation	N/A
Adopted Child	1	Court Document	N/A	N/A
Legal Guardian	1	Court Document	N/A	N/A
Foster Child	1	Court Document	N/A	N/A

*Not required if marriage is less than 90 days old

Can I enroll my adult children? – Maybe. Adult children may be covered under a parent's medical coverage through the last day of the month of their 26th birthday.

My spouse and children have coverage through December 31. Can I enroll them as of January 1? – Yes, but not at this moment. The Open Enrollment is only for elections to be effective July 1. Losing coverage is a Qualifying Life Event and you will be allowed to request dependent coverage after the last day of their coverage. See the Lay Employee Benefits Guide for instructions on completing the Qualifying Life Event Process.

What is a Qualifying Life Event (QLE)? – A qualifying life event is a change in your situation — i.e., getting married, having a baby, or losing health coverage — that can make you eligible for a Special Enrollment Period, allowing you to enroll in health insurance outside the yearly Open Enrollment Period.

Where can I get more information on my health benefits? – More information on the health benefits provided to you can be found at the Reta Benefits Center at www.RetaTrust.org



OPEN ENROLLMENT PERIOD - May 9 through May 23, 2023



2023-24 Monthly Health Benefits Rates

All COVERAGES			
Medical Plan	Employer pays	Employee You pay	Total Monthly Charge
Basic Blue Shield Medical - \$750			
Employee	995.00	125.00	1,120.00
Employee + One	995.00	1,055.00	2,050.00
Employee + Family	995.00	1,133.00	2,128.00
Buy-up Blue Shield Medical - \$500			
Employee	995.00	175.00	1,170.00
Employee + One	995.00	1,146.00	2,141.00
Employee + Family	995.00	1,228.00	2,223.00
Super Buy-up Blue Shield EPO - \$0			
Employee	995.00	240.00	1,235.00
Employee + One	995.00	1,265.00	2,260.00
Employee + Family	995.00	1,352.00	2,347.00
Kaiser Medical - DEPO \$500			
Employee	935.00	85.00	1,020.00
Employee + One	935.00	932.00	1,867.00
Employee + Family	935.00	1,003.00	1,938.00
Buy-up Kaiser Medical - EPO - \$0			
Employee	935.00	125.00	1,060.00
Employee + One	935.00	1,005.00	1,940.00
Employee + Family	935.00	1,111.00	2,046.00
Priests Health Package			
Medical, Rx, Dental and Vision	1,170.00	-	1,170.00

HEALTH ONLY		
Employer Pays	Employee You pay	Total Monthly Charge
978.00	93.00	1,071.00
962.00	991.00	1,953.00
948.00	1,043.00	1,991.00
978.00	143.00	1,121.00
962.00	1,082.00	2,044.00
948.00	1,138.00	2,086.00
978.00	208.00	1,186.00
962.00	1,201.00	2,163.00
948.00	1,262.00	2,210.00
924.00	53.00	977.00
914.00	868.00	1,782.00
905.00	913.00	1,818.00
924.00	93.00	1,017.00
914.00	941.00	1,855.00
905.00	1,021.00	1,926.00

DENTAL ONLY		
Employer Pays	Employee You pay	Total Monthly Charge
25%	75%	
11.00	32.00	43.00
21.00	64.00	85.00
30.00	90.00	120.00
11.00	32.00	43.00
21.00	64.00	85.00
30.00	90.00	120.00
11.00	32.00	43.00
21.00	64.00	85.00
30.00	90.00	120.00
11.00	32.00	43.00
21.00	64.00	85.00
30.00	90.00	120.00

VISION ONLY	
Employer Pays	Employee You Pay
100%	0%
6.00	0.00
12.00	0.00
17.00	0.00
6.00	0.00
12.00	0.00
17.00	0.00
6.00	0.00
12.00	0.00
17.00	0.00
6.00	0.00
12.00	0.00
17.00	0.00

- You are required to complete the *online open enrollment process by May 23rd* at www.RetaTrust.org to either enroll in benefits or decline your right to coverage.
- Your benefits election are effective JULY 1, 2023 through JUNE 30, 2024. No changes can be made after May 23rd unless you experience a "Qualified Life Event".
- Covered dependents must be enrolled in the same plans as the employee.
- Employees have the option to opt out of the health benefits package if they are covered through their spouse's or parent's health coverage and may receive *up to* \$150 per month as per the employer's budget discretion and you must provide proof of coverage.



Diocese of Santa Rosa Blue Shield Medical Plans Comparison Chart July 1, 2023 to June 30, 2024



Plan Design	BlueShield PPO & CVS Rx 750 (Basic)		BlueShield PPO & CVS Rx 500 (Buy-up)		BlueShield EPO & CVS Rx 0 (Super Buy-up)	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Annual Out-of-Pocket Maximum						
For any one Member in the same Family Unit	\$4,000	\$8,000	\$2,500	\$5,000	\$800	N/A
For an entire Family Unit of two or more Members	\$8,000	\$16,000	\$5,000	\$10,000	\$2,400	N/A
Calendar Year Deductible	\$750 Individual / \$1,500 Family		\$500 Individual / \$1,000 Family		\$0 Individual / \$0 Family	
Professional Services						
PCP Office Visit Co-payments	\$25 copay, deductible waived	40% of Eligible Charge	\$25 copay, deductible waived	40% of Eligible Charge	\$15 copay	No Coverage
Specialist Office Visit Co-payments	\$40 copay, deductible waived	40% of Eligible Charge	\$40 copay, deductible waived	40% of Eligible Charge	\$15 copay	No Coverage
Well Child Care (Birth to age 7)	No charge, deductible waived	40% of Eligible Charge	No charge, deductible waived	40% of Eligible Charge	No charge	No Coverage
Adult Routine Exams and Preventive Services (mammograms, Pap smears, & prostate cancer screenings)	No charge, deductible waived	40% of Eligible Charge	No charge, deductible waived	40% of Eligible Charge	No charge, deductible waived	No Coverage
Chiropractic Care Up to 24 visits in Calendar Year	\$40 copay, deductible waived	40% of Eligible Charge	\$40 copay, deductible waived	40% of Eligible Charge	\$15 copay, deductible waived	No Coverage
Outpatient Services						
Outpatient surgery	20% of Eligible Charge	40% of Eligible Charge	20% of Eligible Charge	40% of Eligible Charge	No charge, deductible waived	No Coverage
X-rays and lab tests	20% of Eligible Charge	40% of Eligible Charge	20% of Eligible Charge	40% of Eligible Charge	No charge, deductible waived	No Coverage
MRI, CT and PET	20% of Eligible Charge	40% of Eligible Charge	20% of Eligible Charge	40% of Eligible Charge	No charge, deductible waived	No Coverage
Inpatient Services						
Room and board, surgery, anesthesia, X-rays, lab tests, and drugs	20% of Eligible Charge	40% of Eligible Charge	20% of Eligible Charge	40% of Eligible Charge	No charge, deductible waived	No Coverage
Non-preauthorized admissions	Required	Required	Required	Required	Required	Required
Emergency Health Coverage						
Emergency Department visits	\$200 copay, then 20%		\$200 copay, then 20%		\$100 copay	
Urgent Care	\$50 copay		\$50 copay		n/a	
Prescription Drug Coverage						
Retail Pharmacy - up to 30 day supply	\$10 Generic, \$25 Preferred Brand, \$45 Non-Formulary		\$10 Generic, \$20 Preferred Brand, \$40 Non-Preferred Formulary		\$10 Generic, \$20 Preferred Brand, \$40 Non-Preferred Brand	
Mail-order Pharmacy - up to 90 day supply	\$20 Generic, \$50 Preferred Brand, \$90 Non-Formulary		\$20 Generic, \$40 Brand, \$80 Non-Preferred Formulary		\$20 Generic, \$40 Preferred Brand, \$80 Non-Preferred Brand	
Monthly Premium Rates	Paid by the employer	Paid by the employee	Paid by the employer	Paid by the employee	Paid by the employer	Paid by the employee
Employee	\$978.00	\$93.00	\$978.00	\$143.00	\$978.00	\$208.00
Employee + 1 dependent	\$962.00	\$991.00	\$962.00	\$1,082.00	\$962.00	\$1,201.00
Employee + 2 or more dependents	\$948.00	\$1,043.00	\$948.00	\$1,138.00	\$948.00	\$1,262.00



Diocese of Santa Rosa

Kaiser Plans Comparison Chart

July 1, 2023 to June 30, 2024



Plan Design	Kaiser DEPO 500		Kaiser EPO 0 (Buy-up)	
	In Network	Out of Network	In Network	Out of Network
Annual Out-of-Pocket Maximum			(Includes Medical and Rx Deductible, Copays & Coinsurance)	
For any one Member in the same Family Unit	\$3,000	N/A	\$1,500	N/A
For an entire Family Unit of two or more Members	\$6,000	N/A	\$3,000	N/A
Calendar Year Deductible	\$500 Individual / \$1,000 Family		\$0 Individual / \$0 Family	
Professional Services				
PCP Office Visit Co-payments	\$20 copay	No Coverage	\$35 copay	No Coverage
Specialist Office Visit Co-payments	\$20 copay	No Coverage	\$35 copay	No Coverage
Well Child Care (Birth to age 7)	No charge	No Coverage	No charge	No Coverage
Adult Routine Exams and Preventive Services (mammograms, Pap smears, & prostate cancer screenings)	No charge	No Coverage	No charge	No Coverage
Chiropractic Care Up to 24 visits in Calendar Year	\$15 copay	No Coverage	\$15 copay	No Coverage
Outpatient Services				
Outpatient surgery	10% after deductible	No Coverage	\$35 copay	No Coverage
X-rays and lab tests	\$10 copay	No Coverage	No charge	No Coverage
MRI, CT and PET	\$10 copay	No Coverage	No charge	No Coverage
Inpatient Services				
Room and board, surgery, anesthesia, X-rays, lab tests, and drugs	10% after deductible	No Coverage	\$500 Admission	No Coverage
Non-preauthorized admissions	Required	Required	Required	Required
Emergency Health Coverage				
Emergency Department visits	10% after deductible		100 copay	
Prescription Drug Coverage				
Retail Pharmacy - up to 30 day supply	\$10 Generic, \$30 Brand		\$10 Generic, \$30 Brand	
Mail-order Pharmacy - up to 90 day supply	\$20 Generic, \$60 Brand		\$20 Generic, \$60 Brand	
Monthly Premium Rates	Paid by the employer	Paid by the employee	Paid by the employer	Paid by the employee
Employee	\$924.00	\$53.00	\$924.00	\$93.00
Employee + 1 dependent	\$914.00	\$868.00	\$914.00	\$941.00
Employee + 2 or more dependents	\$905.00	\$913.00	\$905.00	\$1,021.00

Vision

Plan Design	VSP Vision Plan 2	
	In Network	Out of Network
Major Vision Provisions		
Benefits Frequency: Exam/Lens/Frames	12 /12 / 24 months	
Copayment -Exam	\$10	
Copayment - Materials	\$25	
Frame Allowance	\$150	\$70
Contact Lens Allowance	\$150	\$105
Exam Allowance	Covered in full	\$45
Single Vision Lenses	Covered in full	\$30
Bifocal Lenses	Covered in full	\$50
Trifocal Lenses	Covered in full	\$65
Options: Anti-Reflective	\$20 Copay	n/a
Options: Standard Progressives	\$40 Copay	n/a
Options: Premium Progressives	\$40 Copay	n/a
Premium Rates		
	Employer	Employee
Employee	\$7	\$0
Employee + 1 dependent	\$12	\$0
Employee + 2 or dependents	\$17	\$0

Dental

Plan Design	Delta Dental Plan 2A	
	In Network	Out of Network
Major Dental Provisions		
Calendar Year Deductible	\$50 Individual/ \$150 Family	\$75 Individual / \$225 Family
Diagnostic Coverage Benefits	100%, deductible waived	
Basic Coverage	90%	80%
Major Coverage	60%	50%
Annual Dental Maximum	\$1,500	
Ortho Coverage	50%	
Ortho Lifetime	\$1,000	
Monthly Premium Rates	Employer	Employee
Employee	\$11	\$32
Employee + 1 dependent	\$21	\$64
Employee + 2 or dependents	\$30	\$90