

# Open Enrollment 2023

## May 9<sup>th</sup> – May 23<sup>rd</sup>

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DIOCESE OF SANTA ROSA  
EMPLOYEE WEBINAR  
MAY 3 AT 3:30 PM

The Diocese of Santa Rosa



# Your one time a year to review your benefits!

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- Open Enrollment (OE) Overview
- Life & AD&D Insurance
- Retirement
- Health (Medical, Dental, Vision)
- [www.RetaTrust.org](http://www.RetaTrust.org)
  - The Reta Benefits Center (RBC)
  - How to access the Open Enrollment portal
- Benefits Reminders



# What Benefits Am I Entitled to?

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Benefits Offered	Hours per week		
	Under 20	20 to 29	30+
Retirement		✓	✓
Life and AD&D		✓	✓
Health: Medical, Dental, Vision			✓



# Open Enrollment (OE) Details

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- OE is about choosing benefits for the next Plan Year - 7/1/2023 to 6/30/2024
  - OE is **May 9 - May 23**
- TWO OE opportunities:
  - Voluntary: Unum **additional life insurance** coverage or changes to current coverage.
    - Emails with enrollment information from [MyUnum\(help@goco.io\)](mailto:help@goco.io)
  - Required: Reta Trust Health Elections: **Medical, Dental, and Vision**
    - Elections cannot be changed after May 23 unless a qualifying life event (QLE) exists
    - Emails with enrollment information and link from [DoNotReply@Reta-Trust.org](mailto:DoNotReply@Reta-Trust.org):
      - Digital Bulletin “Benefits You” (personalized RBC links)
      - Reminders every other day until health elections are completed





# Life and AD&D Insurance

- Unum Life and AD&D Ins. – Employer Paid
  - Value = twice your annual salary to a maximum of \$100K (reduction at age 65+ applies)
  - EAP
  - Travel Assistance Program
  - All employees must complete a **Beneficiary paper form**
- Unum Life and AD&D Ins. – (Voluntary) Employee Paid
  - If purchased during the hire/eligible 30-day election period, you can get up to \$150K with no medical underwriting
  - If purchased during Open Enrollment, medical underwriting applies for any amount
  - Cost is very affordable - Pennies on the dollar
  - May choose to purchase only one coverage (life or AD&D)
  - If choosing to purchase both, may choose different amounts for each
  - May disenroll at any time
  - Can port or convert upon separation or ineligibility



# Who, What, When of Voluntary Life and AD&D Insurance

## Open Enrollment – *Employee paid*

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- **Who** is eligible to purchase “additional” life and AD&D insurance from Unum during OE?
  - Employees who work 20+ hours per week who did not purchase in January. (Medical questionnaire applies)
  - Employees who already purchased can make changes to their life insurance plans during Open Enrollment. (No medical questionnaire up to \$150K coverage)
- **What** do you need to do to purchase additional coverage?
  - Follow the online enrollment link provided in Unum’s emails (separate from Reta/BAS website)
- **When** is Open Enrollment?
  - May 9<sup>th</sup> to May 23<sup>rd</sup>



# Retirement



- Retirement Plans – One America (a company of AUL)
  - 401(a) – Employer Contribution – waiting period 12 months of service
  - 403(b) Traditional – Employee pre-tax payroll deferrals. No waiting period
  - 403(b) ROTH – Employee post-tax payroll deferrals. No waiting period
  - Must create login access – [www.OneAmerica.com](http://www.OneAmerica.com)
    - REQUIRED TO Enter Beneficiaries' information (NO paper form)
    - Options to manage investments
    - Investments tips
  - Loans – 403(b) Traditional (your voluntary contributions)



# Pay Stub

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- Will show
  - Unum Life voluntary purchase
  - 403(b) voluntary retirement contributions
  - 401(a) employer retirement contributions
- Will not show
  - Unum Life ins. employer-paid
- To access your paystub, look for “Pay Statement Notification” emails from [innovative.notification@saashr.com](mailto:innovative.notification@saashr.com)



# 20 to 29 Benefits

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# Who, What, When of Health Benefits Open Enrollment

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- **Who** is required to complete the online Open Enrollment process?
  - **All** permanent employees working **30+ hours** per week, *including* those who wish to waive the coverage.
  - Current election/coverage will not rollover
- **What** do I need to do?
  - You need to log on to your personal portal via [www.RetaTrust.org](http://www.RetaTrust.org)
    - Administrators **CANNOT** complete the online election for you.
  - Review NEW plans and premiums
  - Give your consent to take payroll deduction
  - If waiving coverage, must provide proof of other coverage
    - You cannot waive coverage to pursue coverage from Covered California plans
  - Print the “Summary & Signature” page for your records as proof of your health elections and wage deductions
- **When** do I need to complete the online elections?
  - You will receive an email on May 8, 2023, with a link to sign in starting May 9
  - Open enrollment will close at 11:59 pm on May 23, 2023.



# What's New for Health as of 7/1/2023?

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- New Rates for all health plans/New payroll deductions
- Additional medical plans: EPO (in-network coverage only) with \$0 deductible
  - Blue Shield
  - Kaiser
- Unbundled Health plans: Medical, Dental, and Vision
  - Can pick and choose coverages
    - You must be covered in the plan to enroll your dependents
  - VSP vision insurance free of premium to you for you and your dependents
- Blue Shield – new digital apps via Wellvolution (well-being program)
  - Blue Zones – improve general well-being (diet, movement, community connections stress-reducing strategies to improve happiness)
  - The Dario Hypertension Digital Solution (personal coaching and digital tools to lower blood pressure)
- Covid-19 coverage is changing on May 11, 2023. Deductibles and copays apply. Call insurance.



# What's staying the same?

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- Medical plans:
  - Blue Shield PPO 750 (basic) and 500 (buy-up) Plans
  - Kaiser DEPO 500 Plan
- Delta Dental Plan
- VSP Plan
- You and your covered dependents must be enrolled in the *same medical* plan

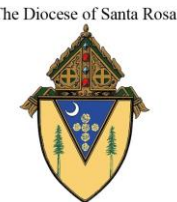


# Coverage and Premiums

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KAISER PERMANENTE





- Medical

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

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

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
<b>Annual Out-of-Pocket Maximum</b>						
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	
<b>Professional Services</b>						
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
<b>Outpatient Services</b>						
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
<b>Inpatient Services</b>						
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
<b>Emergency Health Coverage</b>						
Emergency Department visits	\$200 copay, then 20%		\$200 copay, then 20%		\$100 copay	
Urgent Care	\$50 copay		\$50 copay		n/a	
<b>Prescription Drug Coverage</b>						
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	
<b>Monthly Premium Rates</b>	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

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# - Medical

[www.KP.org](http://www.KP.org)

Plan Design	Kaiser DEPO 500		Kaiser EPO 0 (Buy-up)	
	In Network	Out of Network	In Network	Out of Network
<b>Annual Out-of-Pocket Maximum</b>			(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	
<b>Professional Services</b>				
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
<b>Outpatient Services</b>				
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
<b>Inpatient Services</b>				
Room and board, surgery, anesthesia, X-rays, lab tests, and drugs	10% after deductible	No Coverage	\$500 Admission	No Coverage
Non-authorized admissions	Required	Required	Required	Required
<b>Emergency Health Coverage</b>				
Emergency Department visits	10% after deductible		100 copay	
<b>Prescription Drug Coverage</b>				
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	
<b>Monthly Premium Rates</b>	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





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

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





# - Vision Plan

Plan Design	VSP Vision Plan 2	
	In Network	Out of Network
<b>Major Vision Provisions</b>		
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
<b>Premium Rates</b>		
	Employer	Employee
Employee	\$7	\$0
Employee + 1 dependent	\$12	\$0
Employee + 2 or dependents	\$17	\$0

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

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# Premiums – July 1, 2023 to June 30, 2024

All COVERAGES			
Medical Plan	Employer pays	Employee You pay	Total Monthly Charge
<b>Basic Blue Shield Medical - \$750</b>			
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
<b>Buy-up Blue Shield Medical - \$500</b>			
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
<b>Super Buy-up Blue Shield EPO - \$0</b>			
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
<b>Kaiser Medical - DEPO \$500</b>			
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
<b>Buy-up Kaiser Medical - EPO - \$0</b>			
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

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
942.00	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

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



# Health Benefits OE Instructions

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- May 9 - 23
- [www.RetaTrust.org](http://www.RetaTrust.org)
- Personal login name and password
- For technical support contact the Reta Service Center 877-303-7382 or [Service@RetaEnroll.org](mailto:Service@RetaEnroll.org)



[www.RetaTrust.org](http://www.RetaTrust.org)

About Reta

Reta Health Plans

Request a Proposal

Explore More

Reta Login

Home



Quality health plans.  
Catholic values.

- Login for Reta Members
- Login for Trustors, Committee Members and Trustees

Photo by Jason Savage

Cathedral of St. Helena  
Diocese of Helena Montana  
A Reta Member Trustor

The Diocese of Santa Rosa



**Enter Your Administrator User id & Password or as an  
Employee – User id & Password**

Reta Member Login

1drobinson

.....

☐ Remember me

Log in

[Forgot username or password](#)

First time users

Need help?

Call: 1.877.303.7382  
(Monday thru Friday 8:30am to 8:00pm ET)

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

[Privacy Statement](#)

[MyEnroll360 Terms Of Service](#)

[BAS SFTP Site Terms Of Use](#)

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Click "GET STARTED HERE" to begin the Open Enrollment Process

Your Annual Open Enrollment starts 04/19/2021 and ends 05/27/2021.

GET STARTED HERE!

Start here

Church location 51  
0012574-0051-000

User: Employee

Menus Favorites Enroll Details Communications

**GREGORY Wgwgwuc**

Status	Active
MyEnroll ID	913672
Soc. Sec. No.	***-**-****
Date of Birth	06/30/1952 (68)
Gender	Male
Account	Master acc 0012574
Location/Div.	Church location 51
Benefits Class	IX - Lay - FSA
Marital Status	Married
Client ID	Not Known

Contact info Employment Dependents ACA Tax Forms

Dependents Verification

Quick Links

Reta Benefits Center Decision Tool

Submit Life Event Library Manage HSA ACH Preferences

FSA Claims

RBC = Reta Benefits Center

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# The Reta Benefits Center (RBC)

Rachael De La O, welcome to your personalized Reta Benefits Center!

We call it the RBC for short. It's your convenient one-stop destination for information about your benefits, enrollment, wellness and more. It's up to you to take charge in choosing options that best meet your personal and financial needs. The RBC can help you make that happen.

Your enrollment period is from May 9, 2023 to May 26, 2023.

**Rachael De La O**  
**Your Benefits Bulletin Board**

Your exclusive place to keep in touch (and stay in touch) with benefit matters that matter to you.

- ✓ HIPAA notice
- ✓ All Messages



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RetaEnroll ✓



Important Reta Trust Reference Documents

- What's New This Year
- Benefits You Have Now
- About Your Medical Plans
- ▾ Your Medical Plan Options
- Compare Your Plan Options
- Pharmacy Benefits
- Dental
- Vision
- Reta Virtual Checkup
- Key Contacts
- Home

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# Click “ BEGIN Your Enrollment” to start your enrollment process

Steps to complete

Your Annual Open Enrollment starts 04/19/2021 and ends 05/27/2021. [GET STARTED HERE!](#)

**CDECDV Wgurgius**  
Church location: St. **Enrollment Type:** Annual Open Enrollment for 2021 **Current Coverages**  
**Enrollment Period:** 04/19/2021 - 05/27/2021

**Open Enrollment Timeframe**  
You do not need to complete the enrollment process in a single session. You may return at any time during the Open Enrollment period to complete the process or make changes.  
Click on the **BEGIN YOUR ENROLLMENT** button to move automatically through each of the enrollment steps listed to the right.

[Begin your Enrollment](#)

**CUSTOMER SERVICE**  
**1.877.303.7382**  
Service@RetaEnroll.org  
**Enrollment Steps Navigation**  
(Quick Links)

- Welcome
- Instructions
- Personal Information
- Dependent Information
- Reta Decision Tool
- Medical
- Dental
- Vision
- Summary

**Selected Enrollment**

Blue Shield 5120 ..	\$985.00
<b>Total Cost*</b>	<b>\$985.00</b>

\*Employee Monthly Cost

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# RETA Decision Tool – A Utilization Tool to help guide employees in choosing their medical plan

**\*\*You are working within the Test Environment. Nothing you do here will impact Production data.\*\***

Your Annual Open Enrollment starts: 06/19/2023 and ends: 08/29/2023 [GET STARTED HERE](#)

**SECCOBY Navigator** **Enrollment Type:** Annual Open Enrollment for 2023 **Current Coverage:** [View Current Coverage](#)

**Church Location:** St. Francis

**Step 1 - Tier Selection**  
Select the coverage tier for the employee and dependent(s).

**Coverage Tiers**

Tier	Description	Health Plan	Medical Plan	Dental Plan	Vision Plan	Life Insurance	AD&D Insurance
Self Only	Self and spouse (or employee parents)	Self Only	Self Only	Self Only	Self Only	Self Only	Self Only
Self and Child	Self and Child	Self and Child	Self and Child	Self and Child	Self and Child	Self and Child	Self and Child
Self and Multiple Children	Self and Multiple Children	Self and Multiple Children	Self and Multiple Children	Self and Multiple Children	Self and Multiple Children	Self and Multiple Children	Self and Multiple Children

**Next Step** [Go to Step 2](#)

**CUSTOMER SERVICE**  
1-877-363-7382  
[Contact Us](#)

**Enrollment Steps Navigation**  
(Quick Links)

- [Home](#)
- [Introduction](#)
- [Plan Information](#)
- [Dependent Information](#)
- Step 1: Decision Tool**
- [Medical](#)
- [Dental](#)
- [Vision](#)
- [Health Care PSA](#)
- [Dependent Care PSA](#)
- [Voluntary Employee Life](#)
- [Voluntary Employee AD&D](#)
- [Voluntary Spouse Life](#)
- [Voluntary Child Life](#)
- [Beneficiaries](#)
- [Summary](#)

**Selected Enrollment**

Plan	Cost
Blue Shield PPO	\$434.00
Voluntary Life Insurance	\$0.00
Voluntary Voluntary Life	\$48.00
<b>Total Cost*</b>	<b>\$706.00</b>

\*Employee Monthly Cost



## Completing Dependent Verification Steps

Only if adding  
new dependents  
- not in Reta yet.

### Dependents Requiring Verification Documentation

#### Instructions for Validating Your Dependents

##### Option 1 - UPLOAD DOCUMENTS

If you are uploading your dependent verification documents from your computer, click the Upload button on a dependent's row in the grid below, in order to open the document upload window.

To see your uploaded documents for each dependent after upload, click on the > to the left of a dependent's name in the grid below.

You must upload each dependent's documents separately.

##### OPTION 2 - FAX DOCUMENTS

If you are not ready to upload your documents or to print the fax cover page now, you can return to this page by selecting 'Manage Dependents Verifications' from the Employees menu under the Tools group.

Employee Sciqeci, Gianna (ID#561628)

Dependent	Birth Date	Number & Type of Documents Needed	Documents Upload or Fax									
▼ Cameron Smith (Child)	10/07/2007	1 - <a href="#">Click to See Eligible Documents</a>	<input type="button" value="Upload"/>	<input type="button" value="Fax"/>								
<table><tr><th>Record ID</th><th>File Name</th><th>Status</th><th>Action</th></tr><tr><td colspan="4">No records to display.</td></tr></table>					Record ID	File Name	Status	Action	No records to display.			
Record ID	File Name	Status	Action									
No records to display.												
> Siena Smith (Child)	07/01/2009	1 - <a href="#">Click to See Eligible Documents</a>	<input type="button" value="Upload"/>	<input type="button" value="Fax"/>								
> Test Tests (Child)	08/19/2000	1 - <a href="#">Click to See Eligible Documents</a>	<input type="button" value="Upload"/>	<input type="button" value="Fax"/>								
> Erich Sciqeci (Spouse)	08/13/1983	2 - <a href="#">Click to See Eligible Documents</a>	<input type="button" value="Upload"/>	<input type="button" value="Fax"/>								



# Approved Dependent Validation Documents

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



# Summary Page

Electronic Signature – After completing the dependent validation process, and all the steps, *ACCEPT* your elections.

**Please read this entire page and choose the appropriate button located below.**

I hereby acknowledge that I have read and understand the informational materials provided by my employer explaining my available benefits and the enrollment process.

I acknowledge that the benefit elections confirmed by me are irrevocable, and may not be changed until the next plan year unless I experience a Permitted Election Change and follow the procedures as described in the informational materials for making such a change. By choosing the "I Accept" button below, I authorize that required contributions be made through payroll deduction for the benefits that I elected and are confirmed by me, and such authorization is voluntary.

**Your Electronic Signature**

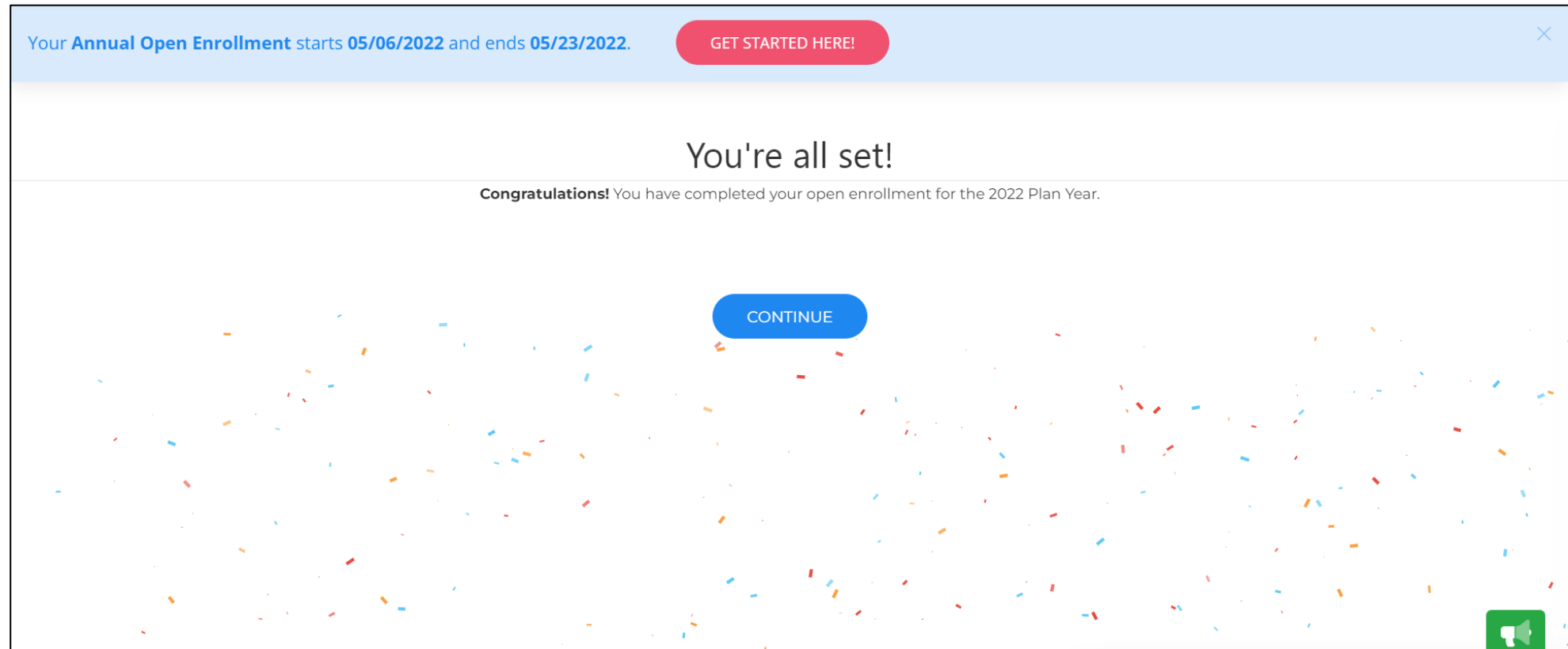
☐ ☐

**I Accept** **I do not Accept**

- CUSTOMER SERVICE**  
1.877.303.7382  
Service@RetaEnroll.org
- Enrollment Steps Navigation**  
(Quick Links)
- ✓ Welcome
  - ✓ Instructions
  - ✓ Personal Information
  - ✓ Dependent Information
  - ✓ Reta Decision Tool
  - ✓ Medical
  - ✓ Dental
  - ✓ Vision
  - Summary**



You have completed the online process when you see this message



# Health Benefit Reminders

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- Blue Shield participants will receive a new card in the mail every year
- \$50 gift card for registering on [EngagementPoint](#) + flu shot or completed health assessment
- Be Well Programs (must complete an assessment to participate)
  - Kaiser – Wellness tools and resources at [www.KP.org](http://www.KP.org)
  - Blue Shield – Wellvolution (which includes mental health services) at [www.Wellvolution.com](http://www.Wellvolution.com)
    - Earn prizes and raffle tickets: complete a program or participate in virtual challenges
- Preventative services should be free
- CVS Caremark - include all major retail and some local pharmacies
- Reta Virtual Checkup program - Catapult Health (Reta Benefits Center)
- VSP – free of premium but **must** enroll via OE
- For questions about benefits covered/claim or billing issues, must call the carriers



# Pay Stub

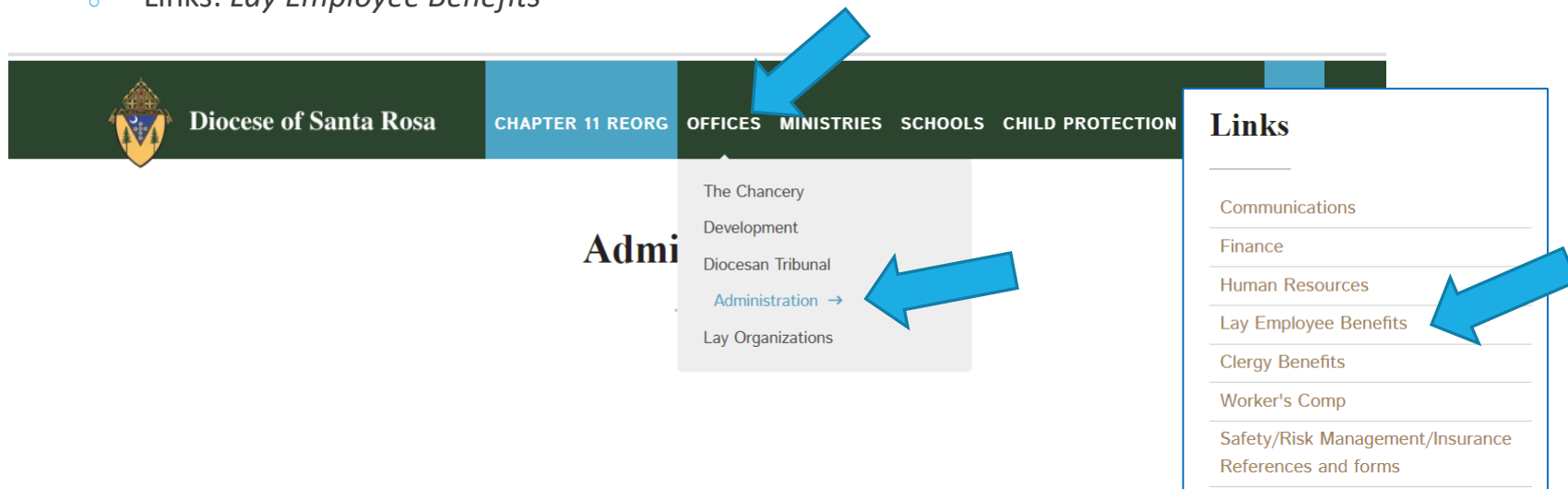
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- Will show
  - Medical and dental deductions
  - Unum Life voluntary purchase
  - 403(b) voluntary retirement contributions
  - 401(a) employer retirement contributions
  - Incentives received for waiving the medical – talk to your site administrator
- Will not show
  - VSP whether you enroll or waive
  - Unum Life ins. employer-paid



# Helpful Websites

- [www.RetaTrust.org](http://www.RetaTrust.org) – Reta Benefits Center
- <https://www.srdiocese.org/lay-employee-benefits>
- Benefits Information and forms at [www.SRDiocese.org](http://www.SRDiocese.org)
  - OFFICES tab
  - Administration
  - Links: Lay Employee Benefits



# *Who is ready to win \$50?*

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Complete your health benefits election  
by *Sunday, May 14 at 11:59 pm* and  
your name will be entered in a raffle to win one of 10 –  
\$50 Amazon gift cards.

# Get your enrollment on!

May 9<sup>th</sup> – May 23<sup>rd</sup>

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# Questions?

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The Diocese of Santa Rosa

