

# The Diocese of Santa Rosa



## Lay Employee Benefits Guide

For employees working **at least 30 or more hrs./wk.**  
*regularly and customarily on a permanent, non-seasonal basis.*

**Effective July 1, 2023 to June 30, 2024**

Employee Name: \_\_\_\_\_

Site Name: \_\_\_\_\_

Eligibility Date: \_\_\_\_\_

Benefits Effective Date: \_\_\_\_\_

You are required to elect or waive health benefits by:

\_\_\_\_\_. See page 12 for instructions.

# About the Information in the Benefits Guide

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This Lay Employee Benefits Guide is a summary of your benefits as of January 1, 2023, and is not considered “Evidence of Coverage.” This is not a legal document. This document is not intended to cover every option detail. Complete details are in the legal documents, contracts, and administrative policies that govern benefit operation and administration. If there should be any differences between the summaries in this guide and the legal documents, contracts, or policies, the legal contracts and policies will prevail.

Please refer to your policy and plan documents for a complete description of the coverage, exclusions, limitations, conditions, and controlling terms:

for retirement and life insurance coverage at [www.srdiocese.org](http://www.srdiocese.org)

for health coverage plans at [www.retatrust.org](http://www.retatrust.org)

All Benefits in this booklet are subject to change. This is an Employee Benefits Guide and not a contract. All Benefits are subject to the provisions and exclusion on the master contract.

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This document is subject to change without notice. The Diocese of Santa Rosa does not warrant that the material contained in this document is error-free. If you find any issues with this document, please report them to the Benefits Department in writing at:

Rdelao@srdiocese.org. The Diocese of Santa Rosa reserves the right to terminate, suspend, withdraw, or modify the benefits described in this document, in whole or in part, at any time. No statement in this or any other document and no oral representation should be construed as a waiver of this right.

## HIPAA and Privacy

At the Diocese of Santa Rosa, we recognize the confidentiality of your and your enrolled dependents’ personal health information, and we are committed to keeping that information private. In addition to our organization’s commitment, the federal Health Insurance Portability and Accountability Act (HIPAA) established privacy rules for individually identifiable health information that the Diocese of Santa Rosa had to comply with starting April 14, 2003.

For questions, please contact the Diocesan Benefits Department at [Benefits@SRDiocese.org](mailto:Benefits@SRDiocese.org)

# EMPLOYEE CHECKLIST:

Congratulations! Provided you are now working at least 30 hours per week, you are eligible for full benefits.

**Your Diocesan offered benefits are effective on the first of the month coinciding with or next following your eligibility date\*.**

**Follow this checklist to fully complete enrollment in the benefits you are entitled to. Refer to the Lay Employee Benefits Guide for details on each benefit.**

## **Health benefits:**

**You are required to make an election to enroll in health benefits OR waive your right to coverage within 30 days of your eligibility date\*.** If no election is made, you will be automatically enrolled in the default medical plan with single coverage and no dental and vision coverage. And you will be charged for the appropriate premium via payroll deductions. Plan changes cannot be made until the next open enrollment period unless you experience a qualifying life event (QLE). See page 15 for information on the QLE enrollment process.

**To elect or waive the health benefits package:**

- ☐ create your login access at: [www.RetaTrust.org](http://www.RetaTrust.org) – see page 12 for instructions
- ☐ complete the online enrollment within 30 days of eligibility\*

**If waiving health benefits:**

- ☐ provide proof of other coverage to your administrator

## **Retirement Plan:**

- ☐ create your login access at [www.OneAmerica.com](http://www.OneAmerica.com), and
- ☐ designate your beneficiary: on the home page click “My information” then “Personal Information”

**If electing payroll deferrals to participate in the 403(b) traditional and/or 403(b) Roth plans:**

- ☐ complete *Employee Salary Deferral Election Form*\* and return it to your administrator

## **Life Insurance:**

- ☐ complete the *Unum Beneficiary form*\* and return it to your administrator

**If electing to purchase additional coverage:**

- ☐ complete the online enrollment at:  
<https://secure.goco.io/companies/diocese-of-santa-rosa/invite/YzBk>

## **Acknowledgment of Receipt:**

- ☐ sign/date the *Acknowledgment of Receipt form*\* and return it to your administrator

\*Your *eligibility date* is the date on which your employment status qualifies you for benefits.

\* All necessary forms to complete are found at the back of this guide.

The Diocese of Santa Rosa is committed to providing a strong benefits package as part of the total compensation program for its employees. Therefore, a committee of religious and lay employees selects all benefits offered.

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# RETIREMENT PLANS SUMMARY

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AMERICAN UNITED LIFE  
INSURANCE COMPANY®  
a ONEAMERICA® company

## **401(a) DEFINED CONTRIBUTION RETIREMENT PLAN**

**Group #G62351**

The Diocese of Santa Rosa sponsors a retirement plan designed to cover most employees who work at least 20 or more hours per week. *Coverage under this plan is cost-free to eligible employees.*

### **Eligibility**

- Lay employees must satisfy a required waiting period of 12 months of service and must be scheduled to work regularly and customarily at least 20 or more hours per week for at least 9 months per year.

### **Employer Contributions**

- Contributions to employees' accounts commence on the first of the month following their first anniversary or after completing 12 months of service if there is a break in service. Contribution to employees whose eligibility date is on the first day of a month begins immediately on the first anniversary.
- A contribution equal to 5.5% of the employee's wages is made to the employee's account by the employee's work location monthly.

### **Vesting**

- Employees are immediately vested on the first of the month following their first anniversary or 12 completed months of service if a break in service exists.

### **Custodian**

- OneAmerica, founded by American United Life Insurance Company (AUL).  
Telephone: 1-800-249-6269.
  - Employees can choose from a variety of investments offered by OneAmerica or a default fund, an age-based fund managed according to the employee's age and target retirement date.
  - Employees can view and monitor their investments by creating a login access code online at [www.OneAmerica.com](http://www.OneAmerica.com).

### **Registration**

- Employees are enrolled when eligible by the Benefits Administrator at their work location.
- **Employees must create an access login at [www.OneAmerica.com](http://www.OneAmerica.com) to indicate their designated beneficiary.** -No paper form is available.

***Note that all mail and quarterly statements from One America are sent by American United Life (AUL). Please open and read before discarding.***

## **403(b) EMPLOYEE VOLUNTARY RETIREMENT PLANS**

Employees have the opportunity to enhance their retirement compensation by *voluntarily* deferring part of their salaries into either or both of the two following supplemental plans offered:

- **403(b) Traditional:** Contributions are pre-tax deductible and ***automatically reduce your federal and state income tax***. Distributions are taxable.
- **403(b) Roth:** Contribution **amounts are subtracted from after-tax dollars**, and any qualified distributions from the plan will be completely tax-free.

### **Eligibility**

- Employees working ***at least 20 hours per week for at least 9 months per year*** are eligible to participate in this plan effective immediately – there is no waiting period.

### **Contribution Limit on employee elective salary deferrals**

- Federal law limits the amount individuals may defer under these Plans and any other retirement plan permitting elective contributions during any calendar year. For 2023, the limit is \$22,500.

### **Catch-up Contributions**

- For 2023, employees 50 years old or over may elect to contribute an additional \$7,500 (for a total of \$30,000) before the close of the calendar year.

### **Custodian**

- One America, founded by American United Life Insurance Company (AUL).  
Telephone: 1-800-249-6269
- One America is the sole provider of 403(b) Traditional and Roth elective services for our Diocese. Contributions cannot be sent to other institutions.

### **Enrollment Process**

- An Employee Salary Deferral Election Form is found at the end of this package.
- You may enroll or make contribution changes at any time during the year.

### **Rollover Option**

- Employees, may roll over funds from other 403(b) plans, 457(b) governmental plans, or 401(a) plans at any time during the year. Contact One America for instructions.

### **Loan Plan:**

- Loans can be granted from the employees' *Traditional 403(b) plan only* for safe harbor hardship reasons such as necessary medical care expenses, purchase of a principal residence, payment of tuition and related educational expenses, payment necessary to prevent the eviction of participant principal residence, payments for funeral or burial expenses, and expenses for the repair of damage to the participant's principal residence that would qualify for the casualty deduction under Code section 165.
- Loans cannot be granted from the employer contribution amount or 403(b) Roth deferrals.
- For detailed information and process, go to [www.OneAmerica.com](http://www.OneAmerica.com) or contact One America at 1-800-249-6269.

***Note that all mail and quarterly statements from One America are sent by American United Life (AUL). Please open and read before discarding.***

## Term Life with Accidental Death & Dismemberment (AD&D) Insurance



### How does it work?

You keep coverage for a set period of time, or “term.” If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more. AD&D Insurance is also available, which can pay a benefit if you survive an accident but have certain serious injuries. It can pay an additional amount if you die from a covered accident.

### Why Choose Unum?

Your employer is offering you this coverage at no cost to you.

### What else is included?

#### A “Living” Benefit

If you are diagnosed with a terminal illness with less than 12 months to live, you can request 50% of your life insurance benefit (up to \$100,000) while you are still living. This amount will be taken out of the death benefit and may be taxable.

#### Waiver of premium

Your cost may be waived if you are totally disabled for a period of time.

#### Portability

You may be able to keep coverage if you leave the company, retire or change the number of hours you work.

#### Work-life balance Employee Assistance Program

(EAP) Get access to professional help for a range of personal and work-related issues, including counselor referrals, financial planning and legal support.

#### Worldwide emergency travel assistance

One phone call gets you and your family immediate help anywhere in the world, as long as you’re traveling 100 or more miles from home. However, a spouse traveling on business for his or her employer is not covered.

### Who can get Term Life coverage?

If you are actively at work at least 20 hours per week, you can receive coverage for:

|      |  |
|------|--|
| You: | You can receive 2 times your earnings up to a maximum of \$100,000.<br>You can get up to \$100,000 with no medical underwriting. |
|------|--|

### Who can get Accidental Death & Dismemberment (AD&D) coverage?

|      |  |
|------|--|
| You: | You can get 2 times your earnings of AD&D coverage up to a maximum of \$100,000. |
|------|--|

### How do I Enroll?

You will be automatically enrolled in this benefit as of your benefits effective date noted on the front of this guide hence **YOU ARE REQUIRED** to complete the Beneficiary Designation Form found at the end of this guide and turn it in to your Benefits Administrator.



## Actively at work

Eligible Diocesan employees must be actively at work to **be eligible** for coverage. Being actively at work means on the day the employee is **eligible** for coverage, the individual must be working at one of **the** company's business locations; or a location where he/she is required to represent the company. The employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence or lay off.

Diocesan Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage; be actively employed in the United States with the Employer to receive coverage; **and** be insured under the plan for spouses and dependents to be eligible for coverage.

## Exclusions and limitations

Life insurance benefits will not be paid for deaths that are caused by suicide occurring within 24 months after the effective date of coverage or the date that increases to existing coverage becomes effective. This exclusion standardly applies to all medically written amounts and contributory amounts that are funded by the employee.

### AD&D specific exclusions and limitations:

Accidental death and dismemberment benefits will not be paid for losses caused by, contributed to by, or resulting from:

- Disease of the body; diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM)
- Suicide, self-destruction while sane, intentionally self-inflicted injury while sane or self-inflicted injury while insane
- War, declared or undeclared, or any act of war
- Active participation in a riot
- Committing or attempting to commit a crime under state or federal law
- The voluntary use of any prescription or non-prescription drug, poison, fume or other chemical substance unless used according to the prescription or direction of your doctor. This exclusion does not apply to you if the chemical substance is ethanol.
- Intoxication – "Being intoxicated" means your blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the accident occurred.

## Delayed effective date of coverage

Diocesan Employee: Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

## Age reduction

Coverage amounts for Life and AD&D Insurance for you will reduce to 65% of the original amount when you reach age 65, and will reduce to 50% of the original amount when you reach age 70. Coverage may not be increased after a reduction.

## Termination of coverage

Your coverage under the policy ends on the earliest of:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are actively employed (unless coverage is continued due to a covered layoff, leave of absence, injury or sickness), as described in the certificate of coverage

## Work-life balance Employee Assistance Program (EAP)

The Work-life balance Employee Assistance Program, provided by HealthAdvocate, is available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

## Worldwide emergency travel assistance

Worldwide emergency travel assistance services, provided by Assist America, Inc., are available with select Unum insurance offerings. Terms and availability of service are subject to chance and prior notification requirements. Services are not valid after coverage terminates. Please contact your Unum representative for details.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al or contact your Unum representative.

Life Planning Financial & Legal Resources services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

Underwritten by: Unum Life Insurance Company of America, Portland, Maine

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## Help, when you need it most

With your Employee Assistance Program and Work/Life Balance services, confidential assistance is as close as your phone or computer.



**This benefit is included with your "employer paid" Unum Life Ins. coverage.**



### EMPLOYEE ASSISTANCE PROGRAM (EAP)

Your EAP is designed to help you lead a happier and more productive life at home and at work. Call for confidential access to a Licensed Professional Counselor\* who can help you.

#### A Licensed Professional Counselor can help you with:

- Stress, depression, anxiety
- Relationship issues, divorce
- Anger, grief and loss
- Job stress, work conflicts
- Family and parenting problems
- And more



### WORK/LIFE BALANCE

You can also reach out to a specialist for help with balancing work and life issues. Just call and one of our Work/Life Specialists can answer your questions and help you find resources in your community.

#### Ask our Work/Life Specialists about:

- Child care
- Elder care
- Financial services, debt management, credit report issues
- Identity theft
- Legal questions
- Even reducing your medical/dental bills!
- And more

### Who is covered?

Unum's EAP services are available to all eligible partners and employees, their spouses or domestic partners, dependent children, parents and parents-in-law.

### Always by your side

- Expert support 24/7
- Convenient website
- Short-term help
- Referrals for additional care
- Monthly webinars
- Medical Bill Saver™ — helps you save on medical bills

### Help is easy to access:

**Phone support:** 1-800-854-1446

**Online support:** [unum.com/lifebalance](https://unum.com/lifebalance)

**In-person:** You can get up to three visits, available at no additional cost to you with a Licensed Professional Counselor. Your counselor may refer you to resources in your community for ongoing support.

**Better  
benefits  
at work.™**

[unum.com](https://unum.com)

\* The counselors must abide by federal regulations regarding duty to warn of harm to self or others. In these instances, the consultant may be mandated to report a situation to the appropriate authority. Unum's Employee Assistance Program and Work/Life Balance services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details. Insurance products are underwritten by the subsidiaries of Unum Group.

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EN-2058-1 FOR EMPLOYEES (10-20)



## Don't forget this travel essential!

Pack your worldwide emergency travel assistance phone number and leave travel worries at home.



This benefit is included with your "employer paid" Unum Life Ins. coverage.

### IF YOU EXPERIENCED A MEDICAL EMERGENCY WHILE TRAVELING, WOULD YOU KNOW WHOM TO CALL?

Whenever you travel 100 miles or more from home — to another country or just another city — be sure to pack your worldwide emergency travel assistance phone number. Travel assistance speaks your language, helping you locate hospitals, embassies and other "unexpected" travel destinations. Add the number to your cell phone contacts, so it's always close at hand. Just one phone call connects you and your family to medical and other important services 24 hours a day.

### USE YOUR TRAVEL ASSISTANCE PHONE NUMBER TO ACCESS:

- Hospital admission assistance\*
- Emergency medical evacuation
- Prescription replacement assistance
- Transportation for a friend or family member to join a hospitalized patient
- Care and transport of unattended minor children
- Assistance with the return of a vehicle
- Emergency message services
- Critical care monitoring
- Emergency trauma counseling
- Referrals to Western-trained, English-speaking medical providers
- Legal and interpreter referrals
- Passport replacement assistance

### WHETHER TRAVELING FOR BUSINESS OR PLEASURE, ONE PHONE CALL CONNECTS YOU TO:

- Multi-lingual, medically certified crisis management professionals.
- A state-of-the-art global response operations center.
- Qualified medical providers around the world.

#### With the Assist America Mobile App, you can:

- Call Assist America's Operation Center from anywhere in the world with the touch of a button.
- Access pre-trip information and country guides.
- Search for local pharmacies (U.S. only).
- Download a membership card.
- View a list of services.
- Search for the nearest U.S. embassy.
- Read Assist Alerts.



Download and activate the app today from the Apple App Store or Google Play.

Reference Number: 01-AA-UN-762490

## 24/7 SERVICES ANYWHERE IN THE WORLD

Unum's travel assistance services are provided by Assist America, Inc., a leading provider of global emergency assistance services through employee benefit plans. Assist America's medically certified personnel are ready to help 24 hours a day, 365 days a year, and can connect you with pre-qualified, English-speaking and Western-trained medical providers anywhere in the world.



You can access travel assistance services through the phone number on your travel assistance wallet card. If you have misplaced your card, contact your human resources department and ask for a replacement.

If you need travel assistance anywhere in the world, contact us day or night.



**Within the U.S.**  
1-800-872-1414



**Outside the U.S.**  
(U.S. access code) +609-986-1234



**Via e-mail:**  
medservices@assistamerica.com

## WHETHER TRAVELING FOR BUSINESS OR PLEASURE, ONE PHONE CALL CONNECTS YOU TO:

- Multi-lingual, medically certified crisis management professionals
- A state-of-the-art global response operations center
- Qualified medical providers around the world

## TRAVEL ASSISTANCE FAQs

### Which countries can I travel to?

Assist America's services have no geographical exclusions. Its worldwide network stands ready to help wherever your travels take you.

### Is my family covered?

Your spouse and dependent children up to age 19 (or the age specified by your medical plan) are covered.\*\*

### Are pre-existing conditions excluded?

No. Whether your medical emergency is the result of a new or pre-existing condition, Assist America's trained representatives will help you find qualified medical care and facilities.

### What about sports-related injuries?

Whether you've been involved in recreational or extreme sporting, worldwide emergency travel assistance will provide support for all your medical needs.

### Who pays for the services I use if I have a travel emergency?

Assist America arranges and pays for 100% of the services the company provides, with no caps or charge-backs to either you or your employer. But you must call Assist America first — you can't be reimbursed for services you arrange on your own.\*



**Better benefits  
at work.™**

[unum.com](http://unum.com)

\* Hospital admission is coordinated by Assist America, Inc. It may require a validation of your medical insurance or an advance of funds to the foreign medical facility. You must repay any expenses related to emergency hospital admissions to Assist America, Inc. within 45 days. Worldwide emergency travel assistance services, provided by Assist America, Inc., are available with select Unum insurance offerings. Terms and availability of service are subject to change and prior notification requirements. Services are not valid after coverage terminates. Please contact your Unum representative for details. All emergency travel assistance must be arranged by Assist America, which pays for all services it provides. Medical expenses, such as prescriptions or physician, lab or medical facility fees are paid by the employee or the employee's health insurance.

\*\*Spouses and children traveling on business for their employers are not eligible to access these services during those trips.

Insurance products are underwritten by the subsidiaries of Unum Group.

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EN-1935-1 FOR EMPLOYEES (11-20)





Diocese of Santa Rosa

# Term Life and Accidental Death & Dismemberment (AD&D) Insurance

## Voluntary Enrollment - Employee Paid



### How does it work?

You choose the amount of coverage that's right for you, and you keep coverage for a set period of time, or "term." If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

AD&D Insurance is also available, which pays a benefit if you survive an accident but have certain serious injuries. It pays an additional amount if you die from a covered accident.

### Why is this coverage so valuable?

If you buy a minimum of \$10,000 of coverage now that you become benefits eligible, you can increase your coverage in the future up to \$150,000 to meet your growing needs with no medical underwriting.

### What else is included?

**A 'Living' Benefit** — If you are diagnosed with a terminal illness with less than 12 months to live, you can request 50% of your life insurance benefit (up to \$500,000) while you are still living. This amount will be taken out of the death benefit, and may be taxable. **These benefit payments may adversely affect the recipient's eligibility for Medicaid or other government benefits or entitlements, and may be taxable.** Recipients should consult their tax attorney or advisor before utilizing living benefit payments.

**Waiver of premium** — Your cost may be waived if you are totally disabled for a period of time.

**Portability** — You may be able to keep coverage if you leave the company, retire or change the number of hours you work.

Employees or dependents who have a sickness or injury having a material effect on life expectancy at the time their group coverage ends are not eligible for portability.

### How do I enroll?

Click this [link](https://secure.goco.io/companies/diocese-of-santa-rosa/invite/YzBk) to enroll

OR GO TO:

<https://secure.goco.io/companies/diocese-of-santa-rosa/invite/YzBk>

### Who can get Term Life coverage?

If you are actively at work at least 20 hours per week, you may apply for coverage for:

|                       |   |
|-----------------------|---|
| <b>You:</b>           | Choose from \$10,000 to \$500,000 in \$10,000 increments, up to 5 times your earnings.<br>If you previously purchased coverage, you can increase it up to \$150,000 with no medical underwriting. If you previously declined coverage, you may have to answer some health questions.  |
| <b>Your spouse:</b>   | Get up to \$500,000 of coverage in \$5,000 increments. Spouse coverage cannot exceed 100% of the coverage amount you purchase for yourself.<br>If you previously purchased coverage for your spouse, they can increase their coverage up to \$25,000 with no medical underwriting, if eligible (see delayed effective date). If you previously declined spouse coverage, some health questions may be required. |
| <b>Your children:</b> | Get up to \$10,000 of coverage in \$2,000 increments if eligible (see delayed effective date). One policy covers all of your children until their 26th birthday.<br>The maximum benefit for children live birth to 6 months is \$1,000.   |

### Who can get Accidental Death & Dismemberment (AD&D) coverage?

|                       |   |
|-----------------------|---|
| <b>You:</b>           | Get up to \$500,000 of AD&D coverage for yourself in \$10,000 increments to a maximum of 5 times your earnings.       |
| <b>Your spouse:</b>   | Get up to \$500,000 of AD&D coverage for your spouse in \$5,000 increments, if eligible (see delayed effective date). |
| <b>Your children:</b> | Get up to \$10,000 of coverage for your children in \$2,000 increments if eligible (see delayed effective date).      |

No medical underwriting is required for AD&D coverage.

### What is the cost of this coverage?

Please see next page for worksheet to estimate your cost. Final premium is calculated upon enrollment..

## How much coverage can I get?

### Calculate your costs

1. Enter the coverage amount you want.
2. Divide by the amount shown.
3. Multiply by the rate.  
Use the rate table (at right) to find the rate based on age.  
(Choose the age you will be when your coverage becomes effective on 01/01/2023. To determine your spouse rate, choose the age the spouse will be when coverage becomes effective on 01/01/2023.)
4. Enter your cost.

|            | 1          | 2                  | 3        | 4        |
|------------|------------|--------------------|----------|----------|
| Employee   | \$____,000 | ÷ \$1,000 = \$____ | X \$____ | = \$____ |
| Spouse     | \$____,000 | ÷ \$1,000 = \$____ | X \$____ | = \$____ |
| Child      | \$____,000 | ÷ \$1,000 = \$____ | X \$____ | = \$____ |
| Total cost |            |                    |          |          |

| Employee monthly rate |                         | Spouse monthly rate     | Child monthly rate              |
|-----------------------|-------------------------|-------------------------|---------------------------------|
| Age                   | Per \$1,000 of coverage | Per \$1,000 of coverage | \$0.350 per \$1,000 of coverage |
|                       | Cost                    | Cost                    |                                 |
| 15-24                 | \$0.030                 | \$0.030                 |                                 |
| 25-29                 | \$0.030                 | \$0.030                 |                                 |
| 30-34                 | \$0.040                 | \$0.040                 |                                 |
| 35-39                 | \$0.070                 | \$0.070                 |                                 |
| 40-44                 | \$0.100                 | \$0.100                 |                                 |
| 45-49                 | \$0.150                 | \$0.150                 |                                 |
| 50-54                 | \$0.230                 | \$0.230                 |                                 |
| 55-59                 | \$0.340                 | \$0.340                 |                                 |
| 60-64                 | \$0.450                 | \$0.450                 |                                 |
| 65-69                 | \$0.750                 | \$0.750                 |                                 |
| 70-74                 | \$1.200                 | \$1.200                 |                                 |
| 75+                   | \$2.060                 | \$2.060                 |                                 |

1. Enter the AD&D coverage amount you want.
2. Divide by the amount shown.
3. Multiply by the rate.  
Use the AD&D rate table (at right) to find the rate.
4. Enter your cost.

| AD&D       |            |                    |           |          |
|------------|------------|--------------------|-----------|----------|
|            | 1          | 2                  | 3         | 4        |
| Employee   | \$____,000 | ÷ \$1,000 = \$____ | X \$0.020 | = \$____ |
| Spouse     | \$____,000 | ÷ \$1,000 = \$____ | X \$0.020 | = \$____ |
| Child      | \$____,000 | ÷ \$1,000 = \$____ | X \$0.020 | = \$____ |
| Total cost |            |                    |           |          |

| AD&D monthly rates |                         |         |
|--------------------|-------------------------|---------|
|                    | Coverage amount         | Rate    |
| Employee           | per \$1,000 of coverage | \$0.020 |
| Spouse             | per \$1,000 of coverage | \$0.020 |
| Child              | per \$1,000 of coverage | \$0.020 |

Billed amount may vary slightly.

If you apply for coverage above the guaranteed issue amount, you may be subject to medical underwriting which may affect your ability to get the larger coverage amount. In order to purchase coverage for your dependents, you must buy coverage for yourself. Coverage amounts cannot exceed 100% of your coverage amounts.

## Exclusions and limitations

### Actively at work

Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company's business locations; or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence or lay off.

An unmarried handicapped dependent child who becomes handicapped prior to the child's attainment age of 26 may be eligible for benefits. Please see your plan administrator for details on eligibility.

Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage. Employees must be actively employed in the United States with the Employer to receive coverage. Employees must be insured under the plan for spouses and dependents to be eligible for coverage.

### Exclusions and limitations

Life insurance benefits will not be paid for deaths caused by suicide occurring within 24 months after the effective date of coverage. The same applies for increased or additional benefits.

### AD&D specific exclusions and limitations:

Accidental death and dismemberment benefits will not be paid for losses caused by, contributed to by, or resulting from:

- Disease of the body; diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM)
- Suicide, self-destruction while sane, intentionally self-inflicted injury while sane or self-inflicted injury while insane
- War, declared or undeclared, or any act of war
- Active participation in a riot
- Committing or attempting to commit a crime under state or federal law
- The voluntary use of any prescription or non-prescription drug, poison, fume or other chemical substance unless used according to the prescription or direction of your or your dependent's doctor. This exclusion does not apply to you or your dependent if the chemical substance is ethanol.
- Intoxication – "Being intoxicated" means your or your dependent's blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the accident occurred.

### Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Delayed Effective Date: if your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan.

### Age Reduction

Coverage amounts for Life and AD&D Insurance for you and your dependents will reduce to 65% of the original amount when you reach age 65, and will reduce to 50% of the original amount when you reach age 70. Coverage may not be increased after a reduction.

### Termination of coverage

Your coverage and your dependents' coverage under the policy ends on the earliest of:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are actively employed (unless coverage is continued due to a covered layoff, leave of absence, injury or sickness), as described in the certificate of coverage

In addition, coverage for any one dependent will end on the earliest of:

- The date your coverage under a plan ends
- The date your dependent ceases to be an eligible dependent
- For a spouse, the date of a divorce or annulment
- For dependents, the date of your death

Unum will provide coverage for a payable claim that occurs while you and your dependents are covered under the policy or plan.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al or contact your Unum representative.

Life Planning Financial & Legal Resources services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

Unum complies with state civil union and domestic partner laws when applicable.

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

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# HEALTH BENEFITS PACKAGE –



## ➤ **Benefits Offered**

The Diocese of Santa Rosa provides its eligible employees working *at least 30 hours per week* an **optional health benefits** through the Reta Trust, a Catholic non-profit organization that offers plans designed to comply with the Ethical and Religious Directives of the Church and it is governed by Cardinals, Archbishops, and Bishops.

The following benefit plans are offered at pre-tax payroll deductions: Medical, Dental, and Vision. Please refer to the appropriate sections in this guide for plan choices, summary descriptions, and monthly health benefits rates.

## ➤ **Coverage Effective Date**

Benefits are effective on the first day of the month coinciding with or the next following the *eligibility date*.

## ➤ **Enrollment Period**

You as an eligible employee have the right to be enrolled in the Reta Trust health benefits package as of your *eligibility date* and have a “30-day benefit election period” to select a medical plan OR waive your right to be covered; therefore, **you are required to complete the online “New Hire Open Enrollment” process at [www.RetaTrust.org](http://www.RetaTrust.org) within 30 days of your benefits eligibility date noted on the front page of this guide.** If no election is made, you will be automatically enrolled in the default medical plan, Blue Shield Basic (PPO 750) with single-only coverage and no dental or vision coverage.

Elections made during this time are set for the remainder of the plan year ending June 30, 2024.

For enrollment instructions and login access to [www.RetaTrust.org](http://www.RetaTrust.org) see the section *Enrollment Process / Making your Online Elections* on the next page.

## ➤ **Dependent Coverage**

Dependent coverage is available at a cost to you as a pre-tax payroll deduction. Dependents must be enrolled at the time of your enrollment period or at open enrollment time - unless you and your family experience a Qualifying Life Event.

At the time you enroll your dependents, you will be required to provide valid documentation for your added dependents (for children: birth certificate; for spouse: marriage certificate and a second document verifying that both reside at the same address e.g., utility bill, bank statement, property tax bill.) Your dependents will be enrolled in the same medical plan you enroll in.

## ➤ **Making Plan Changes or Disenrollment**

Plan election changes or disenrollment are not permitted until the next Annual Open Enrollment period *unless* a **Qualified Life Event** (QLE) is experienced as defined by the IRS Section 125 Guidelines. See page 15 for instructions.



➤ **Where to Find More Information on the Reta Trust Health Benefits Plans and Programs**

Information on all health benefits is available on the **Reta Benefits Center** (AKA: RBC) at [www.retatrust.org](http://www.retatrust.org). You will need to create an account (see below).

➤ **How to Create an Access Account to the Reta Trust Website**

Employees' benefits and information records are kept and maintained by BAS (Benefits Allocation Systems) a web-based employee benefits administration for online enrollment, administration, and billing service company.

The Benefits Administrator at your work site will add your information (including your \*email address) to the database system at BAS: "MyEnroll360". And for security purposes, MyEnroll360 will send you an email with instructions asking you to go through an **email validation process**.

\*Please provide your employer with YOUR PERSONAL EMAIL ADDRESS for this purpose.

Once you have validated your email address, log into [www.retatrust.org](http://www.retatrust.org) and create your User ID and Password. See the next for instructions.

Once you access your profile, please verify that your *personal* information (name, date of birth, and Social Security number) on the "Employee Home Page" is correct and your *contact* information found in the [Contact Info](#) link is current. You can make the necessary updates or corrections but must notify the benefits administrator at your entity of the changes you made.

➤ **Enrollment Process / Making Your Online Elections**

To help you select the coverage plan/s that might be most effective and affordable to your needs:

- Log into [www.retatrust.org](http://www.retatrust.org) using the user ID and password you created.
- Choose the *Reta Benefits Center* link on the Home Page to go to Reta Benefits Center "website" to view and compare the medical plans information.
- Navigate through the *Benefits Center* where all the health plans information is available.

When you are ready to make your selection:

- Click on the "*Reta Enroll*" link at the upper right of the screen to return to your "Employee Home Page"
- Select "*Enrollment Wizard*" at the top of the window and complete the steps presented to you to make your plan elections and add dependent coverage if desired.
- Print the "Benefits Confirmation Statement" for your record once you approve your elections.

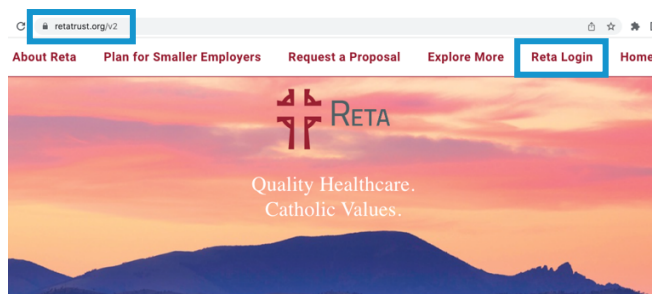
**If you need technical support**, call the Reta Enroll Client Services Department at 1-877-303-7382 from 5:30 AM to 5:00 PM PST, Monday through Friday, or send an email to [Service@RetaEnroll.org](mailto:Service@RetaEnroll.org).

**For questions on benefits, claims, or ID Cards replacements**, please contact the carriers directly. See page 30 for the benefits carrier contact information.

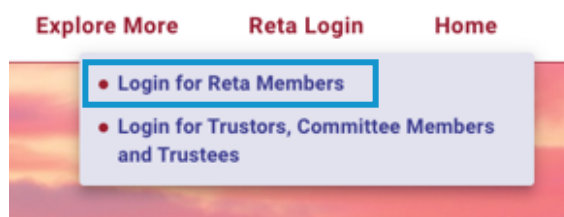
## How to Obtain your User Name & Password

### First Time Users

Go to [www.RetaTrust.org](http://www.RetaTrust.org) and click on **"Reta Login"**.



Click **"Login for Reta Members"**.



Click **"First time users"**.

#### Reta Member Login

User Name

Password

☐ Remember me

[Forgot username or password](#)

[First time users](#) (highlighted with a blue box)

[Log in](#)

Enter your email address & Click **"I'm not a robot"**.

Your User Name and Password will be sent to you via email.

If you do not remember your email, click **"I don't know my email"**.

#### New User

We're excited you're here! Let's get started by getting your login information.

**Identify Yourself**

Please enter your email address  
This is the email you provided your employer.

[I don't know my email](#)

Email Address

☐ I'm not a robot

[SEND ACCOUNT](#)

Progress indicators: Email Check, Sending Username, Sending Password, Confirmation

If you need technical support, call the Reta Enroll Client Services Department at 1-877-303-7382 from 5:30 AM to 5:00 PM PST, Monday through Friday, or send an email to [Service@RetaEnroll.org](mailto:Service@RetaEnroll.org).

# QUALIFYING LIFE EVENT PROCESS



A Qualifying Life Event is defined by the IRS Section 125 guidelines as a change in your situation — e.g., 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 or add dependent coverage outside the yearly Open Enrollment Period.

To expedite the *Qualifying Life Event* process, you are required to submit your request for changes to your current benefits via the online self-service Life Event module via your employee portal at [www.RetaEnroll.org](http://www.RetaEnroll.org).

**Please note:** All Qualifying Life Events are effective on the 1<sup>st</sup> of the month after the date of your Life Event and must be submitted *with all supporting documents* no more than 30 days after the date of the qualifying event.

Log into [www.RetaEnroll.org](http://www.RetaEnroll.org):

- Select the “*Submit Life Event*” quick link on your employee home page and follow the directions presented to you to request coverage for yourself (if you have previously waived the health benefits) or to add or remove dependent coverage.
- Upload all required supporting dependent verification documentation in PDF format within the 30-day window. Failure to provide all documentation during your Qualifying Life Event could prevent your coverage from becoming active for any newly added dependents.
- You will receive a notification via email from the Diocesan Benefits Department upon approval of your request.

In the event you do not have computer access, the Benefits Administrator at your site can submit a Life Events request on your behalf.

If you need assistance logging into your Reta Trust employee portal, please contact the Reta Trust customer service support at 1-877-303-7382.



## 2023-24 Monthly Health Benefits Rates



| All COVERAGES: Medical, Dental and Vision |               |                  |                      |
|---|---------------|------------------|----------------------|
| 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             |
| <b>Priests Health Package</b>             |               |                  |                      |
| Medical, Rx, Dental and Vision            | 1,170.00      | -                | 1,170.00             |

| MEDICAL 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               |  |
| 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 enrollment at [www.RetaTrust.org](http://www.RetaTrust.org) to either enroll in benefits or decline your right to coverage within your 30 day waiting period.
- Your 30-day waiting period begins on the day you become eligible for health coverage.
- Benefits are effective on the first of the month coinciding with or next after your eligibility date.
- Covered dependents must be enrolled in the same plans as the employee.
- Employees who opt out of the Medical coverage must be covered through their spouse's or parent's health coverage **and** must provide proof of coverage.
- If choosing to opt out of the health benefits, you may receive monthly compensation depending on your site budget. Please inquire with your HR Director.



# Diocese of Santa Rosa

## Blue Shield Medical Plans Comparison Chart

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



| Plan Design  | BlueShield PPO & CVS Rx<br>750 (Basic)<br>#5120-145    |                          | BlueShield PPO & CVS Rx<br>500 (Buy-up)<br>#5114-104             |                           | BlueShield EPO & CVS Rx<br>0 (Super Buy-up)<br>#5132-104     |                           |
|--|--|--------------------------|--|---------------------------|--|---------------------------|
|  | 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<br>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%<br>\$50 copay                    |                          | \$200 copay, then 20%<br>\$50 copay                              |                           | \$100 copay<br>n/a   |                           |
| 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>   |  |                          |  |                           |  |                           |
| Employee   | Employer pays<br>\$978.00                              | Employee pays<br>\$93.00 | Employer pays<br>\$978.00  | Employee pays<br>\$143.00 | Employer pays<br>\$978.00                                    | Employee pays<br>\$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<br>Plan #4027-109<br>Medical + Vision +Chiro |                       | Kaiser EPO 0 (Buy-up)<br>Plan #4084-109<br>Medical + Chiro |                       |
|--|--|-----------------------|--|-----------------------|
|  | In Network   | Out of Network        | In Network   | Out of Network        |
| Annual Out-of-Pocket Maximum   | (Includes Medical and Rx Deductible, Copays & Coinsurance)   |                       | (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<br>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-preauthorized 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>   |  |                       |  |                       |
| Employee   | Employer pays \$924.00                                       | Employee pays \$53.00 | Employer pays \$924.00                                     | Employee pays \$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            |



Included with  
Blue Shield plans



## Prescription Benefits

# Convenient and affordable medication options

Welcome to CVS Caremark® – we manage your new prescription benefit plan. We're here to help you get the medication you need and learn how to keep costs low.

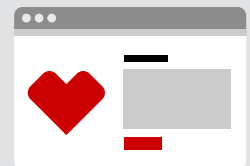
### Make sure you know how to get your medication

You can pick up your medication at any pharmacy in your network. Some prescription benefits offer delivery by mail, too. Be sure to review your prescription benefit plan to see your options.

### Tap into savings with digital tools

Save time, keep costs down and stay on top of your prescriptions. Do it all at **Caremark.com** and the CVS Caremark mobile app.

- Find a network pharmacy to keep medication costs as low as possible
- See if a medication is covered to get the most affordable option
- Compare drug costs to see where you can save
- Sign up to get email or text messages about your prescriptions and more
- Request refills and keep track of prescriptions for your family



Ready to get the most from your benefits?

Visit **Caremark.com/HelpCenter** for answers to commonly asked questions.



# BENEFIT HIGHLIGHTS

**DELTA DENTAL PPO<sup>SM</sup>**

**Plan Benefit Highlights for:** Reta Trust - Plan 2A

**Group No:** 18351

**Effective Date:** 07/01/2023

|  |  |                        |                        |                      |
|--|--|------------------------|------------------------|----------------------|
| <b>Eligibility</b>   | Primary enrollee, spouse and eligible dependent children to the end of the month dependent turns age 26  |                        |                        |                      |
| <b>Deductibles</b>   | <b>Delta Dental PPO dentists:</b><br>\$50 per person / \$150 per family each calendar year<br><b>Non-Delta Dental PPO dentists:</b><br>\$75 per person / \$225 per family each calendar year |                        |                        |                      |
| Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics? | Yes  |                        |                        |                      |
| <b>Maximums</b>  | \$1,500 per person each calendar year  |                        |                        |                      |
| D & P counts toward maximum?   | Yes  |                        |                        |                      |
| <b>Waiting Period(s)</b>   | Basic Benefits<br>None   | Major Benefits<br>None | Prosthodontics<br>None | Orthodontics<br>None |

| <b>Benefits and Covered Services*</b>  | <b>Delta Dental PPO dentists**</b> | <b>Non-Delta Dental PPO dentists**</b> |
|--|------------------------------------|--|
| <b>Diagnostic &amp; Preventive Services (D &amp; P)</b><br>Exams, cleanings, x-rays and sealants | 100 %                              | 100 %                                  |
| <b>Basic Services</b><br>Composite fillings  | 90 %                               | 80 %                                   |
| <b>Endodontics</b> (root canals)<br>Covered Under Basic Services                                 | 90 %                               | 80 %                                   |
| <b>Periodontics</b> (gum treatment)<br>Covered Under Basic Services                              | 90 %                               | 80 %                                   |
| <b>Oral Surgery</b><br>Covered Under Basic Services  | 90 %                               | 80 %                                   |
| <b>Major Services</b><br>Crowns, inlays, onlays and cast restorations                            | 60 %                               | 50 %                                   |
| <b>Prosthodontics</b><br>Bridges, dentures and implants  | 60 %                               | 50 %                                   |
| <b>Orthodontic Benefits</b><br>Adults and dependent children                                     | 50 %                               | 50 %                                   |
| <b>Orthodontic Maximums</b>  | \$1,000 Lifetime                   | \$1,000 Lifetime                       |

\* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

\*\* Reimbursement is based on PPO contracted fees for PPO dentists, Delta Dental Premier® contracted fees for Premier dentists and the program allowance for non-Delta Dental dentists.

**Delta Dental of California**  
560 Mission St., Suite 1300  
San Francisco, CA 94105

**Customer Service**  
888-335-8227

**Claims Address**  
P.O. Box 997330  
Sacramento, CA 95899-7330

**deltadentalins.com**

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

## Your VSP Vision Benefits Summary

RETA TRUST - PLAN 2 and VSP provide you with an affordable vision plan.

### PROVIDER NETWORK:

VSP Choice

### EFFECTIVE DATE:

01/01/2023



| BENEFIT                                  | DESCRIPTION   | COPAY                              | FREQUENCY           |
|--|---|------------------------------------|---------------------|
| <b>Your Coverage with a VSP Provider</b> |   |                                    |                     |
| <b>WELLVISION EXAM</b>                   | <ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> </ul>   | \$10                               | Every 12 months     |
| <b>ESSENTIAL MEDICAL EYE CARE</b>        | <ul style="list-style-type: none"> <li>Retinal screening for members with diabetes</li> <li>Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.</li> <li>Coordination with your medical coverage may apply. Ask your VSP doctor for details.</li> </ul> | \$0 per screening<br>\$20 per exam | Available as needed |
| <b>PRESCRIPTION GLASSES</b>              |   | <b>\$25</b>                        |                     |
| <b>FRAME*</b>                            | <ul style="list-style-type: none"> <li>\$170 featured frame brands allowance</li> <li>\$150 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$80 Walmart*/Sam's Club*/Costco* frame allowance</li> </ul>  | Included in Prescription Glasses   | Every 24 months     |
| <b>LENSES</b>                            | <ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> </ul>   | Included in Prescription Glasses   | Every 12 months     |
| <b>LENS ENHANCEMENTS</b>                 | <ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Anti-glare coating</li> <li>Average savings of 30% on other lens enhancements</li> </ul>   | \$0<br>\$40<br>\$40<br>\$20        | Every 12 months     |
| <b>CONTACTS (INSTEAD OF GLASSES)</b>     | <ul style="list-style-type: none"> <li>\$150 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>  | Up to \$60                         | Every 12 months     |
| <b>EXTRA SAVINGS</b>                     | <b>Glasses and Sunglasses</b> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="https://www.vsp.com/offers">vsp.com/offers</a> for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul>   |                                    |                     |
|  | <b>Routine Retinal Screening</b> <ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul>  |                                    |                     |
|  | <b>Laser Vision Correction</b> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> </ul>   |                                    |                     |

### YOUR COVERAGE GOES FURTHER IN-NETWORK

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to [vsp.com](https://www.vsp.com) to find an in-network provider.

## Using your benefit is easy!

Create an account on [www.VSP.com](https://www.VSP.com) to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have "VPS". - NO ID NEEDED.

Create an account today.  
Contact us: **800.877.7195** or **vsp.com**

\*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.

†Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

+Coverage with a retail chain may be different or not apply.

VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington.

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VSP, Eyeconic, and WellVision Exam are registered trademarks of Vision Service Plan. Flexon and Dragon are registered trademarks of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners. 102898 VCCM

# GREAT HEALTH. GREAT EYEWEAR.

Available to Kaiser DEPO members only

**1 Complete pairs of glasses starting at \$69<sup>1</sup>**

Standard single vision - \$69<sup>1</sup>

Standard multifocal - \$149<sup>2</sup>

**2 Apply your \$175 benefit**

**3 Pay \$0 out-of-pocket**

**OR**

Use your \$175 benefit toward an upgraded frame (shop brands such as Gucci, Oakley or Nike) when ordering prescription glasses or sunglasses.

Or use your \$175 benefit toward contact lenses.



Selection is representative of brands we typically carry in our optical centers.<sup>3</sup>



| SERVICE                                    | BENEFIT AMOUNT   | FREQUENCY            |
|--|--|----------------------|
| Eye examination                            | Covered by your Kaiser Permanente Health Plan benefit. Book an eye exam on <a href="https://kp2020.org">kp2020.org</a> . No charge for preventive screening.   | No limit             |
| Prescription eyeglasses and contact lenses | \$175 allowance toward the purchase price of any or all of the following: <ul style="list-style-type: none"> <li>• Prescription eyeglasses. To use the optical benefit, at least one of the two lenses requires a prescription.</li> <li>• Contact lenses, fitting, and dispensing.</li> </ul> | Once every 24 months |

You can only use your optical benefit at a Kaiser Permanente Optical Center.

**[kp2020.org](https://kp2020.org)**

<sup>1</sup> For \$69 eyeglasses, choose from over 20 frames at \$20, and get standard, plastic single vision lenses at \$49 (\$49 for the lenses, plus a \$20 frame equals \$69).

<sup>2</sup> For \$149 eyeglasses, choose from over 20 frames at \$20, and get standard, plastic multifocal lenses at \$129 (\$129 for the lenses, plus a \$20 frame equals \$149).

<sup>3</sup> Regular prices for these brand are typically \$110 - \$215.

Kaiser Permanente members typically have coverage for medically necessary eye examinations, and some members, including those members with the pediatric vision benefit under their Affordable Care Act plan, may be able to apply a supplemental benefit to their purchases. Otherwise, the services and products described here are provided on a fee-for-service basis, separate from and not covered under your health plan benefits, and you are financially responsible to pay for them. For specific information about your covered health plan benefits, please see your *Evidence of Coverage*. Photo of models, not actual patients.

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# Wellvolution

A health program  
designed just for you



Get proven apps and programs to help you achieve  
your health goals – at no extra cost.

With Wellvolution®, our digital platform for health and well-being,  
you choose the areas to focus on:



## Prevent and reverse disease

Prevent diabetes  
and reverse  
cardiovascular  
disease and other  
conditions.



## Manage stress

Meditate, practice  
mindfulness, and  
more.



## Sleep better

Track sleep patterns  
and enjoy relaxation  
exercises for better  
rest.



## Eat better

Get help with  
meal planning,  
use nutritional  
calculators, and lose  
weight.



## Exercise more

Get support with  
movement tracking,  
workout routines, and  
coaching.



## Quit smoking

Get the support you  
need to stop smoking  
with nicotine  
replacement therapy  
and other methods.

You and your covered dependents who are age 18 and older are eligible  
to participate in Wellvolution. Sign up today at **wellvolution.com**. We'll  
recommend the right apps and programs to meet your needs.

Wellvolution is a registered trademark of Blue Shield of California. Wellvolution and all associated digital and in-person health programs, services, and offerings are managed by Solera, Inc., a health company committed to changing lives by guiding people to better health in their communities.

For more help and resources, visit [blueshieldca.com](https://blueshieldca.com) or contact Member Services at the number on your member ID card. If you do not have your ID card, you can call (800) 393-6130 (TTY: 711).

**Language Assistance Notice**

For assistance in English at no cost, call (866) 346-7198. Para obtener asistencia en Español sin cargo, llame al (866) 346-7198. 如果需要中文的免费帮助, 请拨打这个号码 (866) 346-7198.

**Nondiscrimination Notice**

Blue Shield of California complies with applicable state laws and federal civil rights laws, and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability. Blue Shield of California cumple con las leyes estatales y las leyes federales de derechos civiles vigentes, y no discrimina por motivos de raza, color, país de origen, ascendencia, religión, sexo, estado civil, género, identidad de género, orientación sexual, edad ni discapacidad. Blue Shield of California 遵循適用的州法律和聯邦公民權利法律, 並且不以種族、膚色、原國籍、血統、宗教、性別、婚姻 狀況、性別認同、性取向、年齡或殘障為由而進行歧視。

## Workforce Health by Kaiser Permanente

Kaiser Permanente offers a robust number of wellness programs to its member to improve and maintain a healthy life style.

### Complete support in one holistic ecosystem



## Wellness resources to help you THRIVE



Online healthy lifestyle programs, videos, podcasts, recipes, and more



Unlimited free access to online fitness classes and reduced rates for in-person studio classes with ClassPass<sup>1</sup>



Free access to 1:1 wellness coaching by phone



No-cost digital self-care tools with Calm and myStrength



Reduced rates on specialty care services like acupuncture, chiropractic care, and massage therapy<sup>1</sup>



On-site health education classes and support groups<sup>2</sup>



Biometric and cancer screenings with your primary care physician

1. These programs are not insurance. You should check any insurance benefits you have before using a discount program. These programs may be discontinued at any time. 2. Classes vary at each location, and some may require a fee.



## Say Hello to Better Health: *Connect with a wellness coach today*

What do you want to work on?

Wellness coaching can get you started on a healthy path – and give you tools, resources, and encouragement to help you see it through. It can help you:

- Achieve a healthy weight
- Become more active
- Reduce stress
- Eat healthier
- Manage health conditions
- Sleep better
- Quit smoking
- Move more

### Healthy lifestyle programs

Online health guidance and action items to help build and reach health goals

#### Health assessment

A quick, 10-minute survey will help us assess your members' health and medical history.

#### Goal setting

Based on their answers, we'll help them choose some goals to focus on, like improving their mood, keeping stress in check, and sleeping better.

#### Activity recommendations

We'll help your members form better habits by suggesting a handful of activities they can fit into their daily or weekly routine.

**68**

**activities**

to jump-start good health



no cost to members



all devices



self-care and wellness resources

Topics focus on how to:

- Eat healthy
- Lose weight
- Manage health conditions
- Move more

- Quit smoking
- Reduce stress
- Sleep better

KAISER PERMANENTE®

Kaiser Permanente Care designed to help you thrive

A BETTER WAY TO TAKE CARE OF BUSINESS

## Take the Total Health Assessment today

Thinking about making positive changes for your health? Get a head start right now with a Total Health Assessment on [kp.org](https://kp.org).

This easy-to-use online survey gives you a big-picture view of your health and personalized recommendations to help reach your goals. Even better, it only takes about 10 minutes – and there's no cost to Kaiser Permanente members.

### It's easy to get started

You can take the Total Health Assessment on a mobile device or computer. To find it, go to [kp.org/tha](https://kp.org/tha). If you haven't already, you'll need to create an account at [kp.org](https://kp.org) to participate. To do so, just go to [kp.org/registernow](https://kp.org/registernow).



# VirtualCheckup<sup>®</sup> in 7 Easy Steps

Your Patient Experience: **At Home**



**Order Your  
VirtualCheckup<sup>®</sup>  
Home Kit Online**



**Home Kit Arrives at  
Your House**

Everything you need to collect vital health information is included in the kit. The blood pressure monitor is yours to keep!



**Take Your  
Measurements**

Check your blood pressure, measure your abdominal circumference and stick your finger with the easy-to-use spring-loaded lancet



**Mail Results  
to Our Lab**

Pack everything up in the postage paid envelope and drop it in the mail



**Schedule an  
Appointment**

When notified that your lab work is complete, schedule an appointment with a Catapult Nurse Practitioner



**Complete a Health  
Questionnaire**

Answer a few questions about your health history and health behaviors just minutes before connecting with the Nurse Practitioner



**Review Results &  
Develop Action Plan**

Have a private consultation with your Nurse Practitioner using your device (phone, computer, tablet) in a place that is comfortable for you

If you have any issues registering, please contact [support@virtualcheckup.com](mailto:support@virtualcheckup.com)

877-373-9974 M-F 7am – 4pm CST 31

# COBRA CONTINUATION COVERAGE



The Group Health Plan of the Diocese of Santa Rosa is subject to the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage is a temporary continuation of coverage that is available to you and other members of your family in certain situations when group health coverage would otherwise end.

If you or a covered family member experience a qualifying event that would allow you to continue coverage under COBRA, you will receive a package of information in the mail from the Reta Trust with your option to continue coverage.

The chart below indicates your cost per month.

| All COVERAGES                             |                      | HEALTH ONLY          | DENTAL ONLY          | VISION ONLY          |
|---|----------------------|----------------------|----------------------|----------------------|
|   | Total Monthly Charge | Total Monthly Charge | Total Monthly Charge | Total Monthly Charge |
| <b>Medical Plan</b>                       |                      |                      |                      |                      |
| <b>Basic Blue Shield Medical - \$750</b>  |                      |                      |                      |                      |
| Employee                                  | 1017.25              | 967.28               | 43.68                | 6.29                 |
| Employee + One                            | 2082.85              | 1,982.90             | 87.36                | 12.59                |
| Employee + Family                         | 2677.62              | 2,659.98             | 122.32               | 17.64                |
| <b>Buy-up Blue Shield Medical - \$500</b> |                      |                      |                      |                      |
| Employee                                  | 1043.92              | 993.95               |                      |                      |
| Employee + One                            | 2137.53              | 2,037.58             |                      |                      |
| Employee + Family                         | 2873.29              | 2,733.33             |                      |                      |
| <b>Super Buy-up Blue Shield EPO - \$0</b> |                      |                      |                      |                      |
| Employee                                  | 1121.16              | 1,071.19             |                      |                      |
| Employee + One                            | 2234.38              | 2,134.43             |                      |                      |
| Employee + Family                         | 3003.22              | 2,863.26             |                      |                      |
| <b>Kaiser Medical - DEPO 500</b>          |                      |                      |                      |                      |
| Employee                                  | 991.13               | 851.17               |                      |                      |
| Employee + One                            | 1884.85              | 1,744.89             |                      |                      |
| Employee + Family                         | 2480.67              | 2,340.71             |                      |                      |
| <b>Buy-up Kaiser Medical - EPO - \$0</b>  |                      |                      |                      |                      |
| Employee                                  | 1035.32              | 895.36               |                      |                      |
| Employee + One                            | 1975.44              | 1,835.48             |                      |                      |
| Employee + Family                         | 2602.19              | 2,462.23             |                      |                      |

If you have any questions concerning the Election Form or your right to continue coverage, contact Cobra Control Services, LLC, P.O. Box 62407, King of Prussia, PA 19406 Phone # (888) 887-6187.



## Diocese of Santa Rosa

### BENEFITS CARRIERS CONTACT INFORMATION

7/1/2023 through 6/30/2024

#### HEALTH BENEFITS

|  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• <b>RETA TRUST</b><br/>On-line health enrollment\maintenance</li> </ul>  | <p>(877) 303-7382<br/><a href="mailto:service@RetaEnroll.org">service@RetaEnroll.org</a><br/><a href="http://www.RetaTrust.org">www.RetaTrust.org</a></p>                 |
| <ul style="list-style-type: none"> <li>• <b>BLUE SHIELD (BS) Medical Plans</b> - Group #W00072411 <ul style="list-style-type: none"> <li>- PPO 750 (basic)</li> <li>- PPO 500 (buy-up)</li> <li>- EPO 0 (super buy-up)</li> </ul> </li> <li>• <b>CVS CAREMARK RX</b> Prescription Plan - Group RX21AE<br/>Use Blue Shield ID card</li> </ul> | <p>(888) 772-1076<br/><a href="http://www.blueshieldca.com">www.blueshieldca.com</a></p> <p>(800) 844-0719<br/><a href="http://www.Caremark.com">www.Caremark.com</a></p> |
| <ul style="list-style-type: none"> <li>• <b>KAISER Medical Plans</b> - Group #130001 <ul style="list-style-type: none"> <li>- DEPO 500 + Prescription + Vision</li> <li>- EPO 0 (buy-up) + Prescription (no Vision)</li> </ul> </li> </ul>   | <p>(800) 663-1771<br/><a href="http://www.kp.org">www.kp.org</a></p>  |
| <ul style="list-style-type: none"> <li>• <b>DELTA DENTAL Plan</b> - Group #18351 <ul style="list-style-type: none"> <li>- Delta Dental PPO</li> </ul> Available to <i>BS</i> and <i>Kaiser</i> members </li> </ul>   | <p>(800) 335-8227<br/><a href="http://www.DeltaDentalIns.com">www.DeltaDentalIns.com</a></p>  |
| <ul style="list-style-type: none"> <li>• <b>VSP (VISION SERVICE PLAN)</b> - Group #30032427- Div 0090<br/>Available to <i>BS</i> and <i>Kaiser</i> members</li> </ul>  | <p>(800) 877-7195<br/><a href="http://www.vsp.com">www.vsp.com</a></p>  |

#### SUPPLEMENTAL PROGRAMS

|   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• <b>WELLVOLUTION BY BLUE SHIELD</b><br/>Well-being Program</li> </ul> | <p>(888) 772-1076<br/><a href="http://www.wellvolution.com">www.wellvolution.com</a></p> |
| <ul style="list-style-type: none"> <li>• <b>WORKFORCE HEALTH BY KAISER</b><br/>Well-being Program</li> </ul>  | <p><a href="http://www.kp.org/workforcehealth">www.kp.org/workforcehealth</a></p>        |

#### RETIREMENT BENEFIT

|  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• <b>ONEAMERICA BY AUL LIFE</b><br/>Lay Defined Contribution Retirement Plan - Group #G62488</li> </ul> | <p>(800) 249-6269<br/><a href="http://www.OneAmerica.com">www.OneAmerica.com</a></p> |
| <ul style="list-style-type: none"> <li>• <b>PENSION SERVICES</b> - <i>Frozen 6/30/2014</i><br/>Lay Defined Benefit Pension Plan</li> </ul>     | <p>(707) 566-3349<br/>N/A</p>  |

#### LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

|   |                       |
|---|-----------------------|
| <ul style="list-style-type: none"> <li>• <b>UNUM</b><br/>Employer Paid - Policy #956634<br/>Employee Paid Voluntary - Policy #920141</li> </ul> | <p>(877) 700-7484</p> |
|---|-----------------------|

***Please complete the attached forms  
and turn them in to your HR  
Department within 30 days of your  
eligibility date.***

**✓ *Make a copy for your records.***

Required forms:

- Unum Life and AD&D Ins. -Beneficiary Designation.
- Acknowledgment of Receipt

Optional form:

- Employee Salary Deferral Election Forms





## Diocese of Santa Rosa

403(b) Retirement Plan

Participation in this plan is voluntary

### Employee Salary Deferral Election Form

Employee Name: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Entity Name and City: \_\_\_\_\_

I hereby elect to revoke any previous contribution instructions and I now request that the amount(s) set forth below be deducted from my compensation for **each per pay period** starting with the payroll period of: \_\_\_\_\_ to my account as indicated below.

Name: Diocese of Santa Rosa Employee Savings Plan

Custodian: One America

\_\_\_\_\_ **403(b) Traditional** - Amount: \$\_\_\_\_\_ or percentage \_\_\_\_\_%.

The contribution amount is subtracted from gross pay as **pre-tax dollars**.

\_\_\_\_\_ **403(b) ROTH** - Amount: \$\_\_\_\_\_ or percentage \_\_\_\_\_%.

The contribution amount is subtracted from **after-tax dollars**.

I understand that the above elections will be withheld from my compensation and deposited in my account at OneAmerica each pay period and shall remain in place until such time as I modify this election by filing a revised Employee Salary Deferral Election form with my employer.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**For office use only:** Date form rec'd: \_\_\_\_\_ Deduction entered in IBS: \_\_\_\_\_

If payroll for your site is processed at the Chancery Office, please FAX to confidential # 707-566-3381: \_\_\_\_\_

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**BENEFICIARY DESIGNATION FORM**  
**GROUP LIFE, ACCIDENTAL DEATH & DISMEMBERMENT**  
**CRITICAL ILLNESS AND ACCIDENT INSURANCE**  
Unum Life Insurance Company of America  
Unum Insurance Company  
Provident Life and Accident Insurance Company  
The Paul Revere Life Insurance Company

**Instructions:** Please complete, sign and date this form to designate your beneficiary(ies) or to change your existing beneficiary(ies). This form cancels all prior designations. If more than one beneficiary is named and no percentages are indicated, payment will be made to them in equal shares. If there are more than three (3) primary and/or contingent beneficiaries, please attach a separate sheet of paper. **Return the completed form to your employer.**

**SECTION 1: Employee Information**

|   |  |                        |
|---|--|------------------------|
| Name (Last Name, Suffix, First Name, MI)      |  | Social Security Number |
| Policy Number(s)<br><b>956634</b>             |  | Division Number(s)     |
| Employer Name<br><b>DIOCESE OF SANTA ROSA</b> | Check the coverages listed below to which this beneficiary designation applies:<br><input type="checkbox"/> Basic Life <input type="checkbox"/> Critical Illness <input type="checkbox"/> Accident<br><input type="checkbox"/> Supplemental Life <input type="checkbox"/> AD&D <input checked="" type="checkbox"/> All |                        |

**SECTION 2: Primary Beneficiary (ies)**

I choose the person(s) named below to be the primary beneficiary(ies) of the Life Insurance benefits that may be payable at the time of my death. If any primary beneficiary(ies) is disqualified or dies before me, his/her percentage of this benefit will be paid to the remaining primary beneficiary(ies).

1. Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Percentage: \_\_\_\_\_ (Total must equal 100% between all beneficiaries)
2. Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Percentage: \_\_\_\_\_ (Total must equal 100% between all beneficiaries)
3. Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Percentage: \_\_\_\_\_ (Total must equal 100% between all beneficiaries)



**BENEFICIARY DESIGNATION FORM**  
**GROUP LIFE, ACCIDENTAL DEATH & DISMEMBERMENT**  
**CRITICAL ILLNESS AND ACCIDENT INSURANCE**

**SECTION 3: Contingent Beneficiary (ies)**

If **all** primary beneficiaries are disqualified or die before me, I choose the person(s) named below to be my contingent beneficiary(ies).

1. Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Percentage: \_\_\_\_\_ (Total must equal 100% between all beneficiaries)

2. Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Percentage: \_\_\_\_\_ (Total must equal 100% between all beneficiaries)

3. Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Percentage: \_\_\_\_\_ (Total must equal 100% between all beneficiaries)

**SECTION 4: Signature**

**X**

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

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## Important Information About Designation of Beneficiaries

### Beneficiary Information

- **Primary Beneficiary(ies)** means the person(s) you choose to receive your life insurance benefits. Please specify the percentage of the benefit you want paid to each beneficiary; these percentages should total 100%. If any primary beneficiary is disqualified or dies before you, his/her percentage of the benefit will be paid to the remaining primary beneficiary(ies).
- **Contingent Beneficiary(ies)** means the person(s) you choose to receive your life insurance benefits only if **all** primary beneficiaries are disqualified or die before you. Please specify the percentage of the benefit you want paid to each beneficiary; these percentages should total 100%. If any contingent beneficiary is disqualified or dies before you, his/her percentage of the benefit will be paid to the remaining contingent beneficiary(ies).
- **Minor Beneficiary(ies)** – When you designate minors as beneficiaries, it is important to understand that insurance benefits may not be released to a minor child. They may, however, be paid to a court appointed guardian of the child's estate. The regulations governing minor beneficiaries vary by state.
- **Trust** – You may designate a valid trust as a beneficiary.

### Types of Coverage Information

- **Basic Life** is life insurance provided by your employer for which they pay the premiums.
- **Supplemental Life** is life insurance elected by you for which you pay the premiums.
- **AD&D** is Accidental Death & Dismemberment coverage.
- **Critical Illness** is insurance elected by you for which you pay the premium.
- **Accident** is insurance elected by you for which you pay the premiums.
- If you wish to designate different beneficiaries for any of the above coverages, please complete a separate form.

### General Information

- **Updates to Your Beneficiary Designation** – You can change your beneficiary designation at any time. You may wish to review your designation periodically.
- **Consult an Attorney** – This information is not intended to be relied on as legal advice. You may wish to get the assistance of an attorney to help ensure your beneficiary designation correctly reflects your intentions.

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## ACKNOWLEDGMENT OF RECEIPT

Please read and initial each item below.

I acknowledge that:

- ☐ I have been given the appropriate summary of benefits information
- ☐ I reviewed the information in the Lay Employee Benefits Guide
- ☐ I understand the benefits available to me as an Employee at one of the sites of the Diocese of Santa Rosa
- ☐ I am required to follow and complete the steps provided to me on page 3 to completely enroll in all the benefits I am entitled to.

Please sign and date below and return to your HR Director:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Office use only:*

*Received on:* \_\_\_\_\_ *by:* \_\_\_\_\_

*Site Name:* \_\_\_\_\_