The Diocese of Santa Rosa



Active Priest Benefits Guide Plan Year July 1, 2023 to June 30, 2024

Priest Name: _			
Benefits Effect	tive Date:		

Diocese of Santa Rosa

- Benefits Department
 Rachael de la O (707) 566-3349
 rdelao@srdiocese.org
- Human Resources
 Lori Norcia (707) 566-3322
 Inorcia@srdiocese.org

See page 20 for carriers' contact information

About the Information in the Benefits Guide

This Lay Employee Benefits Guide is a summary of your benefits as of July 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 health coverage plans at www.retatrust.org

for retirement and supplemental benefits contact the Benefits Department

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.

Restricted Rights

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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.

Continuation of 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 may become 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, more information will be provided to you.

HIPAA and Privacy

At the Diocese of Santa Rosa, we recognize the confidentiality of you 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 (707) 566-3349

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

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Summary of Priest Benefits

Premiums for all Diocesan benefits offered are paid for the priest by their source of salary.

All active priests with an assignment in the Diocese of Santa Rosa

Reta Trust Health Package

Medical, Prescription, Dental, Vision Insurance, and other supplemental coverage. See the Active Priest Benefits Guide for detailed coverage information.

Only Active Incardinated Priests

Unum Long Term Disability

A benefit is paid to the priest while he is in *active status* if he becomes disabled due to illness or injury. There is an elimination period of 180 days and the benefit is calculated as follows:

- 1. Multiply monthly earnings including stipend and auto and housing allowances by 66.6667%, but
- 2. The maximum monthly benefit is \$3,000.
- 3. The gross disability payment will be reduced by deductible sources of income.

Unum Long Term Care

Insurance for long term care pays you a monthly benefit for a loss of functional capacity or cognitive impairment due to a physical or mental incapacity resulting from an illness, injury, or advanced age while you are in a long-term care facility at home or another similar place.

A loss of functional capacity means a loss of two or more activities of daily living such as bathing, dressing, toileting, transferring, continence, feeding, and ambulating.

There is an elimination period of 100 days and the benefit payment will depend on the place of residence used for long term care. The current maximum monthly benefit is \$7,000.

• Dearborn Group Life Insurance

\$25,000 policy benefit is used entirely to pay for funeral and burial expenses. Any unused portion of this benefit is deposited into the Retired Priests and Welfare Fund. The Diocese of Santa Rosa is named as the beneficiary.

Pension Plan

Annual contributions are made to fund a defined benefit plan. No individual accounts are set up. Priests earn a benefit according to the number of years served as incardinated priests of the Diocese of Santa Rosa after a 10-year vesting period. The monthly benefit is calculated as follows:

*\$64 times the number of years served. The benefit is paid monthly for life with no survivor benefits.

Non- incardinated Priests with an assignment in the Diocese of Santa Rosa

• 403(b) individual retirement plan at Franklinton Templeton Monthly contributions are made on your behalf.

^{*}As of 7/1/2023. The Priests' Pension Board revises the rate annually. The rate has tracked well compared to Bay Area inflation over the past 20 years.

HEALTH BENEFITS PACKAGE -



> Benefits Offered

The Diocese of Santa Rosa provides its eligible religious employees a **bundled health benefits package** 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 is governed by Cardinals, Archbishops, and Bishops.

Your health benefits package includes medical, dental, and vision coverage.

Your medical plan choices are:

Blue Shield PPO 500 CVS Caremark Prescription	Blue Shield EPO 0 CVS Caremark Prescription	Kaiser EPO 0 Kaiser Prescription
Wellvolution (wellness program)	Wellvolution (wellness program)	Workforce (wellness program)

Please refer to page 7 for a summary review of the medical plans comparison.

Your <u>dental coverage is with **Delta Dental**</u>, and your <u>vision plan is with **VSP**</u>.

Coverage Effective Date

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

Enrollment Period

The Benefits Department of the Chancery Office will enroll you in the Reta Trust health benefits package of your choice as of your *effective date*.

Where to Find Information on the Reta Trust Health Benefits Plans and Programs Information on all your health benefits is available on the Reta Benefits Center (AKA: RBC) at www.retatrust.org. You will need to create an account (see below).

How to Create an Access Account to the Reta Trust Website

All religious and lay 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 Department 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**. Once you have validated your email address, log into www.retatrust.org and create your User ID and Password. Find instructions on page 6.

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 Department of your changes.

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.

For questions on benefits, claims, or ID card replacements, please contact the carriers directly. See page 20 for carriers' contact information.

RetaEnroll³⁶⁰

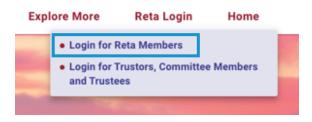
How to Obtain your User Name & Password

First Time Users

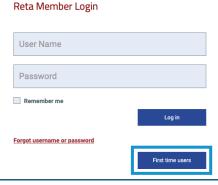
Go to www.RetaTrust.org and click on "**Reta Login**".



Click "Login for Reta Members".



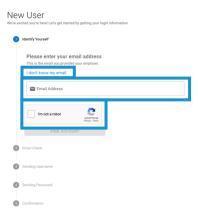
Click "First time users".



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".



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.



Priests Medical Options

For the Plan Year July 1, 2023 to June 30, 2024

Plan Design	DIUC PPO \$500	PPO \$500	DIUG REPO SO California) EPO \$0	KAISER PERMANENTE	EPO \$0
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
*Annual Out-of-Pocket Maximum						
For the Member	\$2,500	\$5,000	008\$	N/A	*\$1500	N/A
*Calendar Year Deductible	1 005\$	\$500 Individual	enpi^ipu 0\$	vidual	\$0 Individual	idual
Professional Services						
PCP Office Visit Co-payments	\$25 copay, deductible waived	40% of Eligible Charge	\$15 copay	No Coverage	\$35 copay	No Coverage
Specialist Office Visit Co-payments	\$40 copay, deductible waived	40% of Eligible Charge	\$15 copay	No Coverage	\$35 copay	No Coverage
Adult Routine Exams and Preventive Services (prostate cancer screenings)	No charge, deductible waived	40% of Eligible Charge	No charge, deductible waived	No Coverage	No charge	No Coverage
Chiropractic CareUp to 24 visits in Calendar Year	\$40 copay, deductible waived	40% of Eligible Charge	\$15 copay, deductible waived	No Coverage	\$15 copay	No Coverage
Outpatient Services						
Outpatient surgery	20% of Eligible Charge	40% of Eligible Charge	No charge, deductible waived	No Coverage	\$35 copay	No Coverage
X-rays and lab tests	20% of Eligible Charge	40% of Eligible Charge	No charge, deductible waived	No Coverage	No charge	No Coverage
MRI, CT and PET	20% of Eligible Charge	40% of Eligible Charge	No charge, deductible waived	No Coverage	No charge	No Coverage
Inpatient Services						
Room and board, surgery, anesthesia, X-rays, lab tests, and drugs	20% of Eligible Charge	40% of Eligible Charge	No charge, deductible waived	No Coverage	\$500 Adminsion	No Coverage
Non-preauthorized admissions	Required	Required	Required	Required	Required	Required
Emergency Health Coverage						
Emergency Department visits	\$200 coba	\$200 copay, then 20%	\$100 copay	юрау	100 copay	pay
Urgent Care	05\$	\$50 copay	e/u	a	n/a	
Prescription Drug Coverage	°S∧ >	CVS caremark*	°S/3•	PCVS caremark*	KAISER PERMANENTE	RMANENTE.
Retail Pharmacy - up to 30 day supply	\$10 Generic, \$20 Preferred Bra	\$10 Generic, \$20 Preferred Brand, \$40 Non-Preferred Formulary	\$10 Generic, \$20 Preferred Brand, \$40 Non-Preferred Brand	ınd, \$40 Non-Preferred Brand	\$10 Generic, \$30 Brand	\$30 Brand
Mail-order Pharmacy - up to 90 day supply	\$20 Generic, \$40 Brand, \$80 Non-Preferred	80 Non-Preferred Formulary	\$20 Generic, \$40 Preferred Brand, \$80 Non-Preferred Brand	ınd, \$80 Non-Preferred Brand	\$20 Generic, \$60 Brand	\$60 Brand

*Note: -Deductibles and medical expenses are carried by calendar year = January 1st to December 31st

*Includes Medical and Rx Deductible, Copays & Coinsurance







Take your health to the next level. Sign up for EngagementPoint[™] today.

With EngagementPoin, you can:

- Access your Blue Shield health plan info, medical ID card, and more all in one place.
- Find a doctor, urgent care center, and more in your plan's network.
- Talk with a board-certified medical doctor or licensed mental health professional by phone or video through Teladoc.
- Chat with a registered nurse who can provide health counseling and education.
- Interact with a health coach who can help with disease prevention, nutrition, weight management, stress reduction, and management of chronic conditions such as diabetes, hypertension, and stress.
- Connect with a social worker who can assess your emotional and psychological wellbeing. The social worker can also provide crisis intervention, substance abuse counseling, and mental health referrals.

For more information and to sign up, visit www.EngagementPoint.com

Download the app today to take full advantage of all that EngagementPoint has to offer.







care you can count on.



Get support from mental health professionals and licensed doctors no matter where you are with Teladoc

As a Blue Shield member, you have access to Teladoc's national network of U.S. board-certified physicians. Whenever you need care, Teladoc medical doctors are available 24/7/365 by phone or video.

You can also speak to licensed therapists, psychiatrists, and mental health professionals who can help you manage addiction, depression, stress or anxiety, domestic abuse, grief, and more (available for members 13YO+).* Mental health appointments are available from 7 a.m. to 9 p.m. local time, seven days a week.

Get the care you need

Teladoc doctors can treat many medical conditions including:

- Cold and flu symptoms
- Allergies
- Respiratory infections
- Sinus problems

Teladoc licensed professionals can help you manage mental health conditions including:

- Depression
- Addiction
- Grief
- And more

How much does it cost?

PPO plan

General medical per visit.....\$25

PPO plan

Mental health per visit.....\$25

Please note: This service does not include a crisis hotline. Help is available if you or someone you know is in crisis. Call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255). You'll need to schedule an appointment to speak with a licensed therapist.



To see if you are eligible to use this service, see your Evidence of Coverage or Certificate of Insurance for a complete description of benefit details, exclusions, limitations, and conditions of coverage. Or call the Member Services number on your member ID card. Teladoc mental health is available for members 13 years old and older.

Blue Shield of California is an independent member of the Blue Shield Association A51473 (6/20)

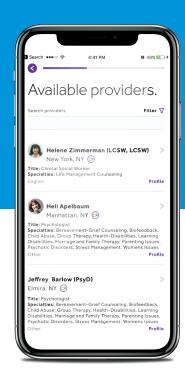
As a working mom with two small children, finding 'me time' is almost impossible. So having easy access to an amazing psychologist through Teladoc has been an invaluable benefit."

- Susan B.

Current member



Scheduling a phone or video appointment is easy and convenient. General Medical visits can be scheduled on demand 24/7/365. For mental health visits, you will need to schedule an appointment. Appointments are available seven days a week from 7 a.m. to 9 p.m. local time. Teladoc confirms mental health appointments within 72 hours.



How to schedule an appointment

Medical consultations

Visit **blueshieldca.com/teladoc** to register or log in. You can request a consultation any time you need care. Download the **Blue Shield** app to access care from anywhere.

Mental health consultations

Visit **blueshieldca.com/teladoc** to register or log in and answer a few questions about your needs. Then, request an appointment. Download the **Blue Shield** app to access care from anywhere. Please note that mental health appointments must be scheduled in advance.

If you have questions or need help creating an account call 1-800-Teladoc (835-2362). Wait times may vary.

Confidential therapy when you need support



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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 keeps 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.

Use this Plan to Fill Your Long-Term Medications

And make the most of your new benefits

This plan offers you choice and savings when it comes to filling long-term prescriptions (medications you take regularly such as asthma or high blood pressure medications). Simply make a few changes to enjoy these savings.

CVS Caremark® Mail Service Pharmacy:

- Enjoy convenient home delivery
- Receive your medications in private, tamper-resistant and (when needed) temperature-controlled packaging
- Talk to a pharmacist by phone

We'll make the transition easier by transferring any prescription you're currently filling by mail to CVS Caremark Mail Service Pharmacy as long as you have refills left.

We'll send your medications to your location of choice.

- When you receive your member ID card, register at Caremark.com and follow the instructions to request a new 90-day prescription or refill an existing prescription if one is available to you.
- Note: Prescriptions for some medications, including controlled substances and compound medications, cannot be transferred.
 If you're not sure if you are taking this type of medication, please talk to your doctor.

To sign up for mail service for the first time, you'll need to transfer your prescriptions.

Don't worry, we make it easy.

- For pickup at CVS Pharmacy®, visit
 Caremark.com/MoveMyMeds
- For delivery by mail, visit
 Caremark.com/RxDelivery

CVS Pharmacy:

- Pick up your medication at a time that is convenient for you
- Enjoy same-day prescription availability
- Talk with a pharmacist face-to-face

To pick up at CVS Pharmacy, choose the option that works best for you. After July 1, 2022, you can:

- Register or log into Caremark.com to select a CVS Pharmacy location for pick up
- Visit your local CVS Pharmacy and talk to the pharmacist
- Call us using the number on your member ID card, and we'll handle the rest

For personalized support, call the phone number on your member ID card or visit Caremark.com (after your benefits begin).





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 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.



KAISER PERMANENTE.

Kaiser Permanente Care designed to help you thrive

A BETTER WAY TO TAKE CARE OF BUSINESS

Wellness resources to help you THRIVE



 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.
 Classes vary at each location, and some may require a fee.

















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 ClassPass¹

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 therapy¹

On-site health education classes and support groups²

Biometric and cancer screenings with your primary care physician





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



no cost to members





· Eat healthy

· Move more

- · Quit smoking
- 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.

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. If you haven't already, you'll need to create an account at kp.org to participate. To do so, just go to kp.org/registernow.





Plan Benefit Highlights for: Reta Trust - Plan 2A

Group No: 18351 **Effective Date:** 07/01/2023

Eligibility	Primary enrollee, s month dependent		lependent children to	the end of the
Deductibles	Delta Dental PPO	O dentists:		
	\$50 per person / \$	\$150 per family eac	h calendar year	
	Non-Delta Denta	I PPO dentists:		
	\$75 per person / \$	\$225 per family eac	h calendar year	
Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics?	Yes			
Maximums	\$1,500 per person each calendar year			
D & P counts toward maximum?	Yes			
Waiting Period(s)	Basic Benefits None	Major Benefits None	Prosthodontics None	Orthodontics None

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental PPO dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays and sealants	100 %	100 %
Basic Services Composite fillings	90 %	80 %
Endodontics (root canals) Covered Under Basic Services	90 %	80 %
Periodontics (gum treatment) Covered Under Basic Services	90 %	80 %
Oral Surgery Covered Under Basic Services	90 %	80 %
Major Services Crowns, inlays, onlays and cast restorations	60 %	50 %
Prosthodontics Bridges, dentures and implants	60 %	50 %
Orthodontic Benefits Adults and dependent children	50 %	50 %
Orthodontic Maximums	\$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	Customer Service	Claims Address
560 Mission St., Suite 1300	888-335-8227	P.O. Box 997330
San Francisco, CA 94105		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.



Where's Card?

If you've been looking for your dental plan ID card, we have good news for you: You don't need one!



Just tell your dental office that you're covered by Delta Dental and provide your name, your date of birth, your social security number (or enrollee ID number) and the name of your employer.

Got dependents on your plan? Tell them to provide your details.

Want an ID card anyway?



Print one from your computer

- Go to deltadentalins.com
- Log in to Online Services > Click on **Print ID Card** > Print



Pull it up on your smartphone

- Go to deltadentalins.com
- Log in to your Online Services account > Select My ID card from the main menu





PO32 #111203A (rev. 01/18)





Your VSP Vision Benefits Summary

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

PROVIDER NETWORK:

VSP Choice



01/01/2023



PRESCRIPTION GLASSES PRAME PRESCRIPTION GLASSES Single visice Single visice Impact-res	Your Coverage with a VSP Provider n your eyes and overall wellness eening for members with diabetes exams and services beyond routine care to treat issues from pink eye to sudden changes in vision or	\$10 \$0 per screening \$20 per exam	Every 12 months
• Retinal scree • Additional immediate to monitor disease, glae • Coordination VSP doctor • PRESCRIPTION GLASSES • \$170 featur • \$150 frame • 20% saving • \$80 Walmate • Single vision • Impact-res	eening for members with diabetes exams and services beyond routine care to treat issues from pink eye to sudden changes in vision or	\$0 per screening	Every 12 months
• Additional immediate to monitor disease, glave to coordinate to coordinate to present the second sease of the sease of t	exams and services beyond routine care to treat issues from pink eye to sudden changes in vision or	screening	
FRAME* • \$170 featur • \$150 frame • 20% saving • \$80 Walma LENSES • Single vision • Impact-res	ongoing conditions such as dry eye, diabetic eye aucoma, and more. on with your medical coverage may apply. Ask your r for details.		Available as needed
FRAME* • \$150 frame • 20% saving • \$80 Walma • Single visic • Impact-res		\$25	
LENSES • Impact-res	red frame brands allowance e allowance gs on the amount over your allowance art®/Sam's Club®/Costco® frame allowance	Included in Prescription Glasses	Every 24 months
	on, lined bifocal, and lined trifocal lenses istant lenses for dependent children	Included in Prescription Glasses	Every 12 months
Premium pCustom preAnti-glare e	orogressive lenses orogressive lenses ogressive lenses coating ovings of 30% on other lens enhancements	\$0 \$40 \$40 \$20	Every 12 months
	ance for contacts; copay does not apply ns exam (fitting and evaluation)	Up to \$60	Every 12 months
• 20% saving 12 months • EXTRA SAVINGS Routine Retin	Sunglasses to spend on featured frame brands. Go to vsp.com/o gs on additional glasses and sunglasses, including lens of your last WellVision Exam. nal Screening nan a \$39 copay on routine retinal screening as an er	s enhancements, fro	
Laser Vision • Average 15 facilities	Correction % off the regular price or 5% off the promotional pri	ce; discounts only a	vailable from contracted

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** to find an in-network provider.

Using your benefit is easy!

Create an account on 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.



Diocese of Santa Rosa

BENEFITS CARRIERS CONTACT INFORMATION 7/1/2023 through 6/30/2024

HEALTH BENEFIT	
• RETA TRUST On-line health enrollment\maintenance	(877) 303-7382 service@RetaEnroll.org www.RetaTrust.org
• BLUE SHIELD (BS) Medical Plans - Group #W00072411 - PPO 500 (buy-up) - EPO 0 (super buy-up)	(888) 772-1076 www.engagementpoint.com
WELLVOLUTION BY BLUE SHIELD Well-being Program	www.wellvolution.com
• CVS CAREMARK RX Prescription Plan - Group RX21AE Use Blue Shield ID card	(800) 844-0719 www.Caremark.com
• KAISER Medical Plans - Group #130001 -EPO 0 (buy-up) + Prescription (no Vision)	(800) 663-1771 www.kp.org
WORKFORCE HEALTH BY KAISER Well-being Program	www.kp.org/workforcehealth
DELTA DENTAL Plan - Group #18351 - Delta Dental PPO	(800) 335-8227 www.DeltaDentalins.com
• VSP (Vision Service Plan) - Group #30032427- Div 0090	(800) 877-7195 www.vsp.com

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