

Diocese of Monterey
July 2021-June 2022
Benefits Summary



Diocese of Monterey

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Benefits Overview

The Diocese of Monterey is proud to offer a comprehensive benefits package to eligible employees. If you would like more detailed information, please see the BAS/retatrust.org website. The benefit plans offered are:

- Health Insurance — Blue Shield of CA & Kaiser
- Dental and Vision — Delta and VSP
- Life and Accidental Death & Dismemberment (AD&D) Insurance — MetLife
- Pension Plan — Fidelity
- Optional Benefits
 - Supplemental Life and Accidental Death & Dismemberment (AD&D) Insurance
 - Flexible Spending Account (FSA)
 - Health Savings Account (HSA)
 - 403(b) Retirement Plan
 - AFLAC - Personal Accident Indemnity / Personal Cancer Indemnity / Short Term Disability

Each of these programs has different eligibility requirements which will be discussed in this summary.

Health Insurance

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way — especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses, but by identifying problems early, often they can be treated at little cost.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through the Diocese of Monterey.

Health Insurance – *RETA Trust Eligibility Rules*

Eligibility

- Lay employees who regularly work 30 hours or more a week.
- Legal spouse of the employee.
- Adult Children: All adult children regardless of dependency status to age 26.
- Priests of the Diocese of Monterey who are incardinated and hold an official assignment from the Bishop to work in a parish, school or department.
- Extern priests who hold an official assignment from the Bishop.
- Some Religious order priests who hold an official assignment from the Bishop.

Effective Date of Coverage

- Coverage for lay employees begins on the first of the month following 60 days of continuous employment.
- Coverage for dependents becomes effective on the same date as the employee's plan (except for newborns and adopted children).
- Coverage for priests begins on the first date of their assignments.

- Coverage begins on the first day of the month following the change from part-time to full-time status, as long as the employee has been employed for 60 days or more.

Enrolling in the Plan

To enroll in the Plan, an eligible person must enroll online within 31 days of becoming eligible. If not enrolled during this initial period, that person cannot enroll until the Diocese of Monterey's annual Open Enrollment Period unless there is a qualifying event. The enrollment decision is irrevocable until the end of the plan year.

A Special Enrollment Period may be available when an eligible person loses coverage under another group plan or acquires a new dependent.

When Coverage Ends

Coverage for you and your covered dependents ends on the last day of the month, during which you cease to be eligible. Employees will receive information through the mail regarding continued group coverage (COBRA) from the COBRA administrator.

Benefits Overview

The Diocese of Monterey offers several Blue Shield of CA medical plan choices as well as a Kaiser medical plan for Santa Cruz County residents as follows:

- **PPO 100%/80%** — This plan pays 100% of the Blue Shield approved amount if the patient uses a Blue Shield provider. If the Patient does not use a Blue Shield provider, the reimbursement is 80% of the Blue Shield approved amount of the usual and customary fees.
- **PPO 90%/70%** — This plan pays 90% of the Blue Shield approved amount if the patient uses a Blue Shield provider. If the patient does not use a Blue Shield provider, the reimbursement is 70% of the Blue Shield approved amount of the usual and customary fees.
- **Two EPO Plans** — These are exclusive provider plans. The patient must use a Blue Shield provider in order to have coverage under this plan. Employees may choose from a 100% in network, 0% out of network plan with a no deductible, or an 80% in network, 0% out of network plan with a \$1,000 deductible.
- **90%/70% HDHP** — This is a high deductible health plan coupled with a Health Savings Account. Once the high deductible is reached, the plan begins to pay benefits similarly to the PPO 90%/70% plan. In addition, it has a Health Savings Account with an annual contribution by the Diocese of Monterey of \$500¹.
- **Kaiser Permanente EPO (Santa Cruz County Only)** — This is a managed care plan for employees who either live or work in Santa Cruz County only. Except for true emergency care, you must go to a contracted Kaiser physician or facility for care. This plan does not have a deductible, so you will have first dollar coverage.

Please see the [BAS/myenroll.com](https://www.bas/myenroll.com) website for more information.

Prescription Drugs

- Your prescription drug plan is with CVS Caremark for the PPO 100%/80%, 90%/70% and EPO plans.
 - After the third refill of a maintenance drug or any medication, the prescription must be refilled through the mail order pharmacy.
- For the High-Deductible Plan (HDHP), prescription drug coverage is offered through Blue Shield. The high deductible applies to prescription drug benefits.
- Kaiser prescription drug coverage is through Kaiser.

Wellness Program

In order to qualify for the wellness insurance rates, each employee and any spouse enrolled in the health insurance must complete the Blue Shield wellness requirement known as Blue Shield Wellvolution between January 1 and February 28 every year.

New employees are automatically enrolled at the wellness rate, and must participate in the next wellness program to continue with the lower rate.

¹Location contributes \$500 per year to an HSA account for the employee. Contributions of \$41.66 will be made once per month to your HSA account.

	Blue Shield of CA (In Network / Out of Network)					Kaiser
	PPO Plan 5001	PPO Plan 5103	PPO Plan 5126 HSA \$1500 Ded	EPO Plan 5132	EPO Plan 5139 \$1000 Deductible	EPO
Lifetime Maximum	none	none	none	none	none	none
Coinsurance Premium (Network / Non-Network)	100% / 80%	90% / 70%	90% / 70%	100% / 0%	80% / 0%	none
Office Visit Co-Pay	\$15	\$20	N/A	\$15	\$25 / \$40	\$25
Hospital Co-Pay for Admission	\$0 In / 20% Out	10% In / 30% out	10% In / 10% Out	\$0	20%	\$250
Emergency Room Co-Pay	\$100 waived if admitted	10% after \$100 Co-Pay	10%	\$100 waived if admitted	20% after \$200 Co-Pay	\$100
ANNUAL DEDUCTIBLE						
Individual	\$100 / \$300	\$250	\$1,500 ¹	\$0	\$1,000	\$0
Family	\$200 / \$600	\$500	\$3,000	\$0	\$2,000	\$0
ANNUAL OUT-OF-POCKET MAXIMUM						
Individual	\$100 / \$2,800	\$500 / \$1,000	\$5,000	\$800	\$5,000	\$1,500
Family	\$200 / \$5,600	\$1,000 / \$2,000	\$10,000	\$2,400	\$10,000	\$3,000
Chemical Dependency / Alcoholism Treatment	Combined with Mental Health Care	Combined with Mental Health Care	90% / 70%	Combined with Mental Health Care	Combined with Mental Health Care	\$5 Per Day
MENTAL HEALTH						
Inpatient	100%	90% / 70%	90% / 70%	100% / 0%	80% / 0%	\$250
Outpatient	\$15 Co-Pay / 100% / 80%	90% / 70%	90% / 70%	\$15 / 0%	20%	\$25
MISCELLANEOUS SERVICES						
Chiropractic	\$15 Co-Pay / 80% Limit 24 visits per calendar year	90% / 70% Limit 24 visits per calendar year	90% / 70% Limit 24 visits per calendar year	\$15 Co-Pay Limit 24 visits per calendar year	80% / 0% Limit 24 visits per calendar year	\$15 Limit 24 visits per calendar year
Allergy Visit and Serum	\$15 Co-Pay / 80%	90% / 70%	90% / 70%	\$15 Co-Pay	\$25 Co-Pay	\$25
Skilled Nursing Facility	100% / 80%	90% / 70%	90% / 70%	100% / 0%	80% / 0%	\$250
Routine Physical Exam	100% / 80%	100% / 70%	100% / 70%	100% / 0%	100% / 0%	\$25
Outpatient Surgery	100% / 80%	90% / 70%	90% / 70%	100% / 0%	80% / 0%	\$25
Diagnostic, Laboratory, X-Ray and Exams	100% / 80%	90% / 70%	90% / 70%	100% / 0%	80% / 0%	\$0
Well-Baby Care	100% / 80%	100% / 70%	100% / 70%	100% / 0%	80% / 0%	\$0
PRESCRIPTION DRUGS						
	Generic / Brand Formulary / Brand Non-Formulary					
Retail	\$10 / \$20 / \$40 30 days	\$10 / \$20 / \$30 30 days	\$10 / \$20 / \$40 30 days	\$10 / \$20 / \$0 30 days	\$10 / \$30 / \$50 30 days	\$10 Generic / \$30 Brand
Mail Order	2 Co-Pays 90 days	2 Co-Pays 90 days	2 Co-Pays 90 days	2 Co-Pays 90 days	2 Co-Pays 90 days	\$20 Generic / \$60 Brand

Important Note: This comparison is designed to be a brief overview of the health plan offerings of the RETA Trust. See the plan description for a full description of covered provisions, limitations, and exclusions, including customary and reasonable charges.

¹Location contributes \$500 per year to an HSA account for the employee. Contributions of \$41.66 will be made once per month to your HSA account.

2021-22 Health Insurance Rates

Your location pays \$925 per month of your health care premium

Wellness Plan Participants *These are the monthly payroll deductions for each plan (see Wellness Program Requirements, pg. 3).*

Classification	100% / 80% PPO	90% / 70% PPO	90% / 70% HDHP	Network Only EPO \$100 Deductible	Network Only EPO \$1,000 Deductible	Kaiser	Dental Only	Vision Only	Dental & Vision
Employee only	\$325	\$275	\$135	\$200	\$150	\$65	\$0	\$0	\$0
Employee + Spouse	\$1,900	\$1,350	\$1,150	\$1,250	\$400	\$950	\$60	\$20	\$80
Employee + Children	\$1,000	\$900	\$1,000	\$865	\$250	\$500	\$30	\$10	\$40
Employee + Family	\$2,500	\$2,225	\$1,850	\$1,925	\$400	\$1,700	\$90	\$30	\$120

Non-Wellness Plan Participants *These are the monthly payroll deductions for each plan.*

Classification	100% / 80% PPO	90% / 70% PPO	90% / 70% HDHP	Network Only EPO \$100 Deductible	Network Only EPO \$1,000 Deductible	Kaiser	Dental Only	Vision Only	Dental & Vision
Employee only	\$425	\$375	\$235	\$300	\$250	\$165	\$0	\$0	\$0
Employee + Spouse	\$2,000	\$1,450	\$1,250	\$1,350	\$500	\$1,050	\$60	\$20	\$80
Employee + Children	\$1,100	\$1,000	\$1,100	\$965	\$350	\$600	\$30	\$10	\$40
Employee + Family	\$2,600	\$2,325	\$1,950	\$2,025	\$500	\$1,800	\$90	\$30	\$120

Health Insurance rates include dental and vision insurance.

Dental Benefits – Administered by Delta Dental

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Diocese of Monterey's dental benefit plan.

	In Network PPO and Out-of-Network PPO
Annual Deductible	in \$50 / out \$75
Annual Benefit Maximum	\$3,000
Preventive Dental Services (cleaning, exams, x-rays)	100%
Basic Dental Services (fillings, root canal therapy, oral surgery)	in 90% / out 80%
Major Dental Services (extractions, crowns, inlays, bridges, dentures, repairs)	in 60% / out 50%
Orthodontia	\$3,000 lifetime max. per participant

Vision Benefits – Administered by VSP

Regular eye examinations not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone. VSP is a paperless provider, so you will not receive a vision card.

	In Network	Out of Network
Eye Exam – once every 12 months	\$10 Co-Pay	Up to \$45
Single Vision Lenses – once every 12 months	Covered in Full	Up to \$30
Lined Bifocal Lenses – once every 12 months	Covered in Full	Up to \$50
Lined Trifocal Lenses – once every 12 months	Covered in Full	Up to \$65
Frames – once every 24 months	Up to \$130	Up to \$70
Reflective Contact Lenses*	\$130	\$105

*Contact lenses are in lieu of lenses and glasses

AFLAC

This is voluntary coverage that is available to employees who work at least 20 hours per week. Plans offered include: Short Term Disability, Accident Advantage, Hospital Advantage, Aflac Cancer Care Select, and Critical Care Protection. Please contact Human Resources and request an Aflac information packet for further details and rates.

Life and Accidental Death & Dismemberment Insurance

Insured by MetLife

Life Insurance

Life insurance provides financial security for the people who depend on you. If you work 20 or more hours per week, your beneficiaries will receive a lump sum payment of \$15,000 if you die while employed by the Diocese of Monterey. However, total benefit decreases after age 65. The Diocese of Monterey provides this benefit at no cost to you.

Accidental Death & Dismemberment (AD&D) Insurance

If you are eligible, Accidental Death & Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. The Diocese of Monterey provides AD&D coverage of \$15,000 at no cost to you. You are eligible if you work 20 hours or more per week.

Voluntary Life and AD&D Insurance

Insured by MetLife

Not everyone's personal situation is the same; your family needs may be different from your co-workers. In recognition of these differences, the Diocese of Monterey offers voluntary benefits which you can purchase at group rates as long as you work at least 20 hours per week. Eligible employees may purchase life and AD&D insurance in addition to the company provided coverage.

Employee — Up to three times your salary in increments of \$10,000; eligible employees can get up to \$400,000 maximum including the basic life. An eligible employee may also purchase life and AD&D insurance for his/her dependents if he/she purchases additional coverage for him/herself.

Spouse — Up to \$100,000 in increments of \$5,000.
Children — Up to \$10,000 in \$1,000 increments.

You are guaranteed coverage (up to \$200,000 or three times your salary, and up to \$10,000 for your spouse) without answering medical questions if you enroll when you are first eligible. For additional information, please review the MetLife Voluntary Term Life packet. If, after reviewing the packet, you, your spouse or child, would like to purchase additional insurance, please complete the form and forward it to:

Teri Dawn
Diocese of Monterey
425 Church St., Monterey, CA 93940

Health Savings Account (HSA) — Administered by Health Equity

You must be enrolled in the High-Deductible Health Plan (HDHP) to enroll in the HSA. The Health Savings Account allows you to pay for medical expenses federal income tax free. The Federal Government Guidelines allow for a maximum contribution of \$3,600 for single coverage and \$7,200 for family coverage. For those over 55, you may increase

these limits by \$1,000. HSA dollars can also be applied to COBRA, long-term care premiums, and Medicare Part B & D premiums.

You may access funds in two ways. One is through a debit card (\$500 daily limit), and the other is through a request for disbursement of funds.

Flexible Spending Account (FSA) — Administered by BAS

The FSA is a tax-advantaged account allowing you, the employee, to set aside a portion of your earnings to pay for qualified expenses. The Diocese of Monterey allows a maximum of \$2,750 for medical reimbursements and a maximum of \$5,000 for dependent care.

Medical Reimbursement

Employees may elect to pay with pre-tax dollars for qualified health care costs that are not covered by their insurance. Employees may contribute a maximum of \$2,750 per year to the plan. The amount allocated by the employee must be determined prior to the plan year and the maximum amount of reimbursement for health care expenses must be available at all times.

Lay Employee Pension Plan

The Diocese of Monterey provides a defined contribution pension plan for all qualified employees. To be eligible for enrollment in the pension plan, an employee must regularly and customarily work at least 20 hours per week. This plan is completely funded by the Diocese and employees do not make contributions. A contribution equal to 5% of your annual earnings is made to the Plan on behalf of eligible employees.

You are eligible for the Plan upon becoming an Employee unless you are:

- A “Temporary Employee” as defined in the Plan.
- A priest.
- An employee who is regularly and customarily scheduled to work less than 20 hours per week.

A full Summary Plan Description is available on the Diocese of Monterey website at www.dioceseofmonterey.org.

In order to be entitled to the full value of your account, you must remain in the employment of the Diocese for six (6) years. If you leave employment before six (6) years and do not return to employment within five (5) years you will

Employees may not use the flexible spending account to pay premiums.

Dependent Care Reimbursement

The Dependent Care Reimbursement Program allows employees to pay for qualifying dependent day care services on a pre-tax basis. The maximum you may set aside depends on your tax-filing status. For more information, please review the flexible spending summary plan description. Qualifying dependents are children under age 13 or any other dependent incapable of self-care.

Any funds left in the employee’s medical and/or dependent reimbursement account at the end of the year will be forfeited.

“forfeit” the unvested balance of your account in accordance with the schedule set forth below.

0-2 years	0%
After 2 years	20%
After 3 years	40%
After 4 years	60%
After 5 years	80%
After 6 years	100%

You will receive statements on a quarterly basis from our Trustee, Fidelity Investments.

403(b)

The Diocese of Monterey offers all employees the opportunity to participate in the voluntary Tax Sheltered Annuity Program. Any employee, excluding those hired on a temporary basis, are eligible to participate in the plan.

The 403(b) is funded through employee contributions via a payroll deduction. Contributions by personal check are not eligible contributions.

Contact Information

If you have specific questions about a Diocese of Monterey benefit plan, please contact the administrator listed below, or your local human resources department.

Benefit	Administrator	Telephone	Website
Enrollment and Eligibility	BAS	1-877-303-7382	www.retatrust.org
Medical - Blue Shield of CA	Blue Shield of CA	1-888-772-1076	www.blueshield.com/ca
Prescriptions for the 90/70 HDHP	Blue Shield of CA	1-800-844-0719	www.caremark.com
Prescription	CVS Caremark	1-800-844-0719	www.caremark.com
Pension and 403b	Fidelity Investments	1-800-343-0860	www.fidelity.com
Flexible Spending Account (FSA)	BAS	1-877-304-7382	www.retatrust.org
Health Savings Account (HSA)	Health Equity	1-800-346-5800	www.HealthEquity.com
Basic Life & AD&D / Voluntary Life	MetLife	1-800-638-6420	www.metlife.com
Voluntary Life	MetLife	1-800-638-6420	www.metlife.com
Dental	Delta Dental	1-800-765-6003	www.deltadentalins.com
Vision	VSP	1-800-877-7195	www.vsp.com
AFLAC	AFLAC/Michael Jameson	1-831-484-3391	www.aflac.com
Medical - Kaiser	Kaiser	1-800-464-4000	www.kaiser.com

Diocese of Monterey Contacts

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Teri Dawn

Payroll Banking Manager

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Email: tdawn@dioceseofmonterey.org

This booklet gives you an overview of the main features of your benefit plans. The plans are administered according to legal plan documents and insurance contracts. Although we have tried to summarize the provisions of these legal documents clearly and accurately, if any information presented here conflicts with the legal documents, the legal documents will govern.

For more detailed information on the plans and your legal rights under the plans, be sure to read the summary plan descriptions or request a copy of the plan documents.

All benefit plans are subject to change from time to time and the Diocese of Monterey reserves the right to amend or cancel any benefits described in this booklet, with or without notice. This document does not guarantee any benefits.