

LAY HEALTH BENEFITS COST PER EMPLOYEE 2018-2019

Medical Plans				
Anthem Plan EPO 90% \$500 \$25	Employee Only - Monthly	Semi Monthly	Employer	Total
Employee	\$203	\$101.50	\$972	\$1175
Employee +spouse	\$740	\$370	\$1860	\$2,600
Employee + children	\$634	\$317	\$1516	\$2150
Employee + family	\$1210	\$605	\$2390	\$3600
Kaiser EPO 100% \$0 \$25 <i>NEW</i>	Employee Only - Monthly	Semi Monthly	Employer	Total
Employee	\$193	\$96.50	\$617	\$810
Employee + spouse	\$568	\$284	\$1122	\$1690
Employee + children	\$544	\$272	\$1021	\$1565
Employee + family	\$870	\$435	\$1430	\$2300
Kaiser Plan EPO 90% \$300 \$25	Employee Only - Monthly	Semi Monthly	Employer	Total
Employee	\$133	\$66.50	\$617	\$750
Employee +spouse	\$438	\$219	\$1122	\$1560
Employee + children	\$429	\$214.50	\$1021	\$1450
Employee + family	\$720	\$360	\$1430	\$2150

Benefit Rate for Employees Monthly/Semi-Monthly

VISIT

WWW.RETATRUST.ORG FOR DETAILED PLAN SUMMARY

Health Plans						
Plan Designs	Anthem EPO 90% \$500 \$25 (1037)		Kaiser EPO 0% \$0 \$25 (4015)		Kaiser EPO 90% \$300 \$25 (4038)	
	In-network	Out of network	In-network	Out of network	In-network	Out of network
Annual Out-of-pocket maximum (Includes deductible, copays, and coinsurance)						
For any one Member in the same Family Unit	\$2,500	No Coverage	\$1,500	No Coverage	\$4,000	No Coverage
For an entire Family Unit of two or more Members	\$5,000	No Coverage	\$3,000	No Coverage	\$8,000	No Coverage
Calendar Year Deductible	\$500 Individual/\$1,000 Family		\$0 Individual/\$0 Family		\$300 Individual/\$600 Family	
Professional Services						
Office Visit Copayments	\$25 copay, deductible waived	No Coverage	\$25 copay	No Coverage	\$25 copay, deductible waived	No Coverage
Well Child Care (birth to age 7)	No charge, deductible waived	No Coverage	No charge	No Coverage	No charge, deductible waived	No Coverage
Adult routine exams and preventive services (mammograms, pap smears, & prostate cancer screenings)	No charge, deductible waived	No Coverage	No charge	No Coverage	No charge, deductible waived	No Coverage
Chiropractic Care (up to 24 visits in calendar year)	\$25 copay, deductible waived	No Coverage	\$25 copay	No Coverage	No Coverage	No Coverage
Outpatient Services						
Outpatient surgery	10%	No Coverage	\$25	No Coverage	10%	No Coverage
X-rays and lab tests	10%	No Coverage	No Charge	No Coverage	\$10	No Coverage
MRI, CT, and PET	10%	No Coverage	No Charge	No Coverage	\$50 After deductible	No Coverage
Inpatient Services						
Room and board, surgery, anesthesia, x-rays, lab tests, and drugs	10% Coinsurance deductible does not apply	Covered as In Network	\$250 per admission	No Coverage	10%	No Coverage
Emergency Health Coverage						

Emergency Room visits	10%	10%	\$100 copay	\$100 copay	10%	10%
Non Preauthorized Admissions	\$500/admission for hospital admission if service not preauthorized		N/A		N/A	
Urgent Care	\$25	No Coverage			\$25	\$25
Prescription Drug						
	Generic/Formulary/Non Formulary		Generic/Formulary		Generic/Formulary	
Retail (up to 30-day supply)	\$10/30%/50%		\$10/\$30		\$10/\$20	
Mail order (up to 90-day supply)	\$20/30%/50%		\$20/\$60		\$30/\$60	

- This is a summary of benefits only, for more information about your coverage please see plan documents.

2018- 2019 Benefits Plan Breakdown

HEALTH PLANS

Kaiser \$0 Deductible	Kaiser \$300 Deductible	Anthem \$500 Deductible	*Waive Benefits
Kaiser Vision	Kaiser Vision	*MES Vision	
Kaiser Prescription	Kaiser Prescription	Envision Rx Prescription	
Delta Dental	Delta Dental	Delta Dental	

*Life Insurance, AD&D, LTD provided to all Benefits Eligible Employees/MES Vision Employee only

ADDITIONAL CORE BENEFITS	<p>LIFE INSURANCE, AD&D, LONG TERM DISABILITY</p> <p>Term Life and Accidental Death and Dismemberment (AD&D) insurance</p> <p>Long-term disability (LTD) insurance</p>	<p>Employer pays 100% of the premium at no cost to employee.</p> <p>Your beneficiary will receive \$10,000.00. Provides a cash benefit to help ensure your loved ones remain financially secure in the event of your death or a covered accident. Benefit reduction commencing at age 70.</p> <p>LTD is intended to help replace some of your income for an extended period when you cannot work because of a disability. Elimination Period of 90 days. Monthly benefit of 66 2/3% of monthly salary up to \$4,000 per month. Integrated with other disability benefits you may receive.</p>
	<p>PENSION RETIREMENT</p>	<p>All Benefits Eligible employees hired or rehired are automatically enrolled in the Archdiocese of San Francisco Retirement Plan. The Pension plan is 100% funded by ADSF and administered by Nicolay Pension Services (800) 867-0780.</p>
VOLUNTARY OPTIONS	<p>ADDITIONAL LIFE INSURANCE</p> <p>Accidental Death and Dismemberment (AD&D)</p>	<p>Voluntary Life and AD&D plans are available to all new hires and during open enrollment period. Coverage available to employee and eligible dependents. Cost to these plan are 100% paid by the employee.</p>
	<p>FLEXIBLE SPENDING ACCOUNT</p> <p>Health Care Flexible Spending (HFSA)</p> <p>Dependent Day Care Flexible Spending (DFSA)</p> <p>Transportation Reimbursement</p>	<p>FSA enrollments are done yearly in November for the next January / calendar year.</p> <p>HFSA allows you to set aside a portion of your salary, before-tax, to reimburse amounts for eligible medical expenses.</p> <p>DCFSA allows you to set aside a portion of your salary, before-tax, to reimburse amounts spent for eligible dependent day care expenses that are necessary in order for you, and if you are married, your spouse, to work or look for work.</p> <p>The transportation reimbursement you to set aside money on a pre-tax basis for out of pocket work related transportation expenses. (e.g. bus vouchers and passes, ferry passes, van pool, commuter rail.)</p>
	<p>403(b) TAX SHELTERED ANNUITY (TSA)</p> <p>(Retirement Savings Plan)</p>	<p>As an employee of the Archdiocese of San Francisco, you are eligible to participate in a 403(b) Tax- Sheltered Annuity (TSA) plan. To save for your retirement, participation in the 403(b) TSA is voluntary and may be done at any time at the employee's discretion. The plan is administered by Transamerica Retirement Solutions. To enroll in the 403(b) TSA, please contact your benefits administrator. There are no matching contribution. See location administrator for more information.</p>

Health Benefits Contact Sheet

Medical / Pharmacy Plans		
Anthem Group ID #: C23018 Grp Name: RETA Trust	888-722-1077	https://www.myuhc.com
Envisions Rx (UHC and Reta Value Option Program) Group ID# RTA	(844) 852-7437	https://www.envisionrx.com
Reta Kaiser Medical & Pharmacy Plan Group ID #: 603978	(800) 464-4000	https://www.kp.org

Dental / Vision Plans		
Delta Dental of California Group ID #: 18367	(800) 765-6003	https://www.deltadentalins.com
MES Vision	(800) 877-6372	https://www.mesvision.com

Long-Term Disability, Additional Life / AD&D Plans		
Basic Life / AD&D Group ID #: GL155879	(800) 351-7500	http://www.reliancestandard.com
Long-Term Disability (LTD) Group ID #: GLT-677870	(800) 549-6514	http://www.thehartford.com

Employee Services		
Employee Assistance Program (EAP) Code: ArchdioceseSF	(800) 277-1060	https://liveandworkwell.com
Employee Wellness Program (WebMD)	(800) 302-6343	https://www.retatrust.org (click 'WebMD' link)

Archdiocese of San Francisco		
La Shonda Perry Employee Benefits Administrator	(415) 614-5626 (ph) (415) 614-5626 (fax)	perryl@sfarch.org
Janice Ward Employee Benefits Manager	(415) 614-5526 (ph) (415) 614-5526 (fax)	wardj@sfarch.org
Ronni Davis Benefits and AP Specialist	(415) 614-5551 (ph) (415) 614-5536 (fax)	davisr@sfarch.org

If you would like to read more about a specific benefit, log in to the Reta Benefits Center at [RetaTrust.org](https://www.RetaTrust.org). The Reta Benefits Center is available to you 24 hours a day, 7 days a week.

FREQUENTLY ASKED QUESTIONS

Here are questions that you may have regarding Open Enrollment and benefit plan changes. Please contact BAS Customer Service at 1-877-303-7382, Monday through Friday between 5:30 AM and 5:00 PM PST, with any other questions or concerns you may have.

I'm happy with my plan. Do I need to re-enroll during Open Enrollment?

Yes, because this year is an “**Active Enrollment**”, you must make an affirmative action to complete your enrollment. Failure to complete the online enrollment process will result in **NO coverage**. Your medical coverage will not automatically renew.

Am I required to be enrolled in a medical insurance plan?

Yes, with very few exceptions, all legal US residents are required to have minimum essential coverage or face a tax penalty. If you are not currently covered under a medical plan elsewhere, and you do not enroll in a Reta plan, you may choose to purchase coverage through the private marketplace.

Note: the Reta medical plan will include a premium contribution from your employer.

If I already have medical coverage elsewhere, do I need to do anything?

Yes, you must go through the enrollment process. You must go online and **waive** medical coverage.

Where do I go to see my current benefits?

To see your current benefits, log on to www.retatrust.org and click on the RetaEnroll link and then click on Coverage to see your current benefits. If you don't have a User ID or Password, or have forgotten see #4 below.

How do I obtain my forgotten or lost User ID and Password to access the Reta Benefits Center and RetaEnroll?

You may request your forgotten User ID and Password, by going to the Reta Trust home page (www.retatrust.org). Click on the help button in the upper right. For a step-by-step process, please refer to the sheet “Accessing Your Open Enrollment Online,” or call BAS Customer Service.

How do I know if I have all of the information I need to enroll?

Your location's business administrator or business manager can provide assistance.

FREQUENTLY ASKED QUESTIONS CONT.

Do I need to validate existing covered dependents during Open Enrollment?

No, you do not.

What do I need to know regarding “Dependent Validation”?

- Why is it necessary?

To ensure that only eligible dependents are enrolled on the plan. The plan is not responsible to cover claims for those individuals who do not meet eligibility guidelines.

- When will I receive the Request for Validation?

For newly added dependents, the request for validation, including instructions, will be a part of the electronic enrollment process. Coverage for newly added dependents will be pended until documentation is submitted.

- What is the deadline?

For new dependents, you will be asked at the time of enrollment to submit documentation within 60 days. The effective date of coverage will be retroactively assigned once documentation is received and validated or approved.

Who do I call if I need provider assistance?

See the attached Health Benefits Contact sheet.

Who do I contact if I need assistance, cannot access the online enrollment system, or my enrollment is rejected?

You can call RetaEnroll Customer Service at 1-877-303-7382 between 5:30 AM and 5:00 PM PST or email Service@RetaEnroll.org