



Open Enrollment

EMPLOYEE BENEFITS 2023-2024



Here you will find information about the following employee benefits.

Plan Highlights

- Medical
- Dental
- Life
- Other Benefits offered by the Archdiocese of San Francisco

Questions or Concerns
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To: Benefits Eligible Employees

From: The Archdiocesan Benefits Team

Welcome to Open Enrollment for Health Benefits for the Archdiocese of San Francisco, Plan Year 2023-2024. This program gives you the opportunity to elect, change, or cancel your current elections.

The materials enclosed in this packet are intended to provide you with detailed information on each benefit plan and to guide you through the steps of enrollment. The effective date for all coverage is July 1, 2023. The first deduction will begin on July 15, 2023. Benefits will remain in effect until June 30, 2024. Please review the Benefits Information Packet. If you have any questions, contact RETA Enroll Customer Service at 877-303-7382, Monday–Friday 5:30am to 5:00pm PST.

This year will be an “Active Enrollment”, meaning all benefit eligible employees must make an election online to enroll or waive coverage. Failure to complete online enrollment during Open Enrollment period will result in NO health coverage starting on July 1, 2023.

What’s New for the 2023/2024 Plan Year

With Open Enrollment just around the corner, it’s a good Idea to understand what is changing this year and how these changes bring new opportunities with the decisions you make during open enrollment.

Previous RETA Plan	New RETA Plan January 1, 2023
MES Vision	EyeMed Vision

Effective January 1, 2023 of this year MES Vision has joined the Essilor Luxottica family of companies which includes EyeMed Vision Care. With this integration comes the change with the vision insurance plan. Effective January 1, 2023 the previous MES Vision expired and the new Vision insurance plan became EyeMed.

Who does this affect? - All employees that have Blue Shield medical. The good news is that you will enjoy and industry forward vision network with added benefit enhancements provided by EyeMed Vision Care. To find a provider please visit EyeMed.com. You may also visit Glasses.com, ContactDirect.com, LensCrafters, Ray-Ban and Target Optical.

Please see page 9 for more information on EyeMed benefits.

Welcome to your Annual Open Enrollment for the RETA Trust

The Open Enrollment period for the Archdiocese of San Francisco employees is:

May 8th through May 22nd 2023

Benefits Eligibility Rules

- All regular employees working 20+ hours per week.
- Eligible dependents: spouse (as defined by state law), and children under age 26.
- Employees who plan to add their dependents in the ADSF health plan will be required to provide documentation of dependent eligibility during enrollment in order for dependents coverage to be approved. (Spouse = Marriage certificate, Child = Birth certificate, Adoption/Legal Guardianship = Court documents).
- For detailed plans and information go to RETATrust.org and access Reference Library for PlanSummary.

RETA Enroll

The Open Enrollment period is your annual opportunity to make changes to your benefit elections and coverage level. The elections you make during Open Enrollment will be effective July 1, 2023. You will **NOT** be permitted to make any changes to your benefit elections until the next annual Open Enrollment, unless you experience a Qualified Life Event Change as defined by the IRS Section 125 Guidelines.

RETA Benefits Center

Before making any benefits decisions, be sure to visit the newly enhanced RETA Benefits Center, where information is customized with the specific benefits available to you. Use the Decision Tool to help you decide which medical plan best fits your personal healthcare needs. You will find information on all of our health plans as well as information on wellness and other benefits.

Visit www.RETATrust.org anytime beginning **May 08, 2023** (the start of 2023 Open Enrollment) and select RETA Benefits Center. We encourage you to consider any recent or forthcoming changes in your personal or family's medical needs, so you can select the coverage best suited to your needs.

This year will be an "Active Enrollment", meaning all benefit eligible employees must make an election to enroll or waive benefits online. Failure to complete online enrollment during the Open Enrollment period will result in NO medical coverage.

With RETA Enroll you will be able to view your insurance benefits and update your information, including:

- **Personal Data** (home address, birth date, etc.)
- **Dependents** (names, birth dates, social security numbers, student status, etc.)

2023 - 2024 Benefits Plan Breakdown

HEALTH PLANS

*Kaiser \$0 Deductible	*Kaiser \$300 Deductible	*Blue Shield \$500 Deductible	*SF HCSO
Kaiser Vision	Kaiser Vision	EyeMed Vision/EE only	For San Francisco Employees ONLY Access to Health Care
Kaiser Prescription	Kaiser Prescription	CVS Caremark Rx Prescription	
Delta Dental	Delta Dental	Delta Dental	

*Life Insurance, AD&D, LTD provided to all Benefits Eligible Employees

ADDITIONAL CORE BENEFITS	SF HCSO	Employees working 8 hours a week or more in SF have option to elect HCSO if they do not choose insurance benefits. Employer contributes to HCSO plan per hour paid to employee. Employer pays 100% of the contribution. Eligible after 90 days of employment.
	LIFE INSURANCE, AD&D, LONG TERM DISABILITY Term Life and Accidental Death and Dismemberment (AD&D) insurance Long-term disability (LTD) insurance	Employer pays 100% of the premium at no cost to employee. 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 commences at age 70. 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.
	PENSION RETIREMENT	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.
VOLUNTARY OPTIONS	ADDITIONAL LIFE INSURANCE Accidental Death and Dismemberment (AD&D)	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.
	FLEXIBLE SPENDING ACCOUNT Health Care Flexible Spending (HFSA) Dependent Day Care Flexible Spending (DFSA) Transportation Reimbursement	FSA enrollments are done yearly in November for the next January / calendar year. HFSA allows you to set aside a portion of your salary, before-tax, to reimburse amounts for eligible medical expenses. 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. 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.)
	Open enrollment for Flex spending is in November for a January 1st start.	
	403(b) TAX SHELTERED ANNUITY (TSA) (Retirement Savings Plan)	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 Fidelity. To enroll in the 403(b) TSA, please contact your benefits administrator. There are no matching contribution. See location administrator for more information.

HEALTH BENEFITS COST PER EMPLOYEE 2023-2024

Benefit Rate for Employees Monthly/Semi-Monthly

Medical Plans				
Blue Shield Plan 5137 EPO 90% \$500 \$25	Employee Only - Monthly	Semi Monthly	Employer	Total
Employee	\$239.00	\$119.50	\$1,141.00	\$1,380.00
Employee +spouse	\$866.00	\$433.00	\$2,171.00	\$3,040.00
Employee + children	\$682.00	\$341.00	\$1,628.00	\$2,310.00
Employee + family	\$1,318.00	\$659.00	\$2,602.00	\$3,920.00
Kaiser Plan 4015 EPO 100% \$0 \$25	Employee Only - Monthly	Semi Monthly	Employer	Total
Employee	\$216.00	\$108.00	\$724.00	\$940.00
Employee + spouse	\$664.00	\$332.00	\$1,416.00	\$2,080.00
Employee + children	\$534.00	\$267.00	\$1,056.00	\$1,590.00
Employee + family	\$998.00	\$499.00	\$1,692.00	\$2,690.00
Kaiser Plan 4038 EPO 90% \$300 \$25	Employee Only - Monthly	Semi Monthly	Employer	Total
Employee	\$156.00	\$78.00	\$724.00	\$880.00
Employee +spouse	\$554.00	\$277.00	\$1,416.00	\$1,970.00
Employee + children	\$444.00	\$222.00	\$1,056.00	\$1,500.00
Employee + family	\$858.00	\$429.00	\$1,692.00	\$2,550.00

Kaiser premium includes: Medical, Dental, Vision, and Basic Life** Insurance

Blue Shield premium includes: Medical, Dental, Vision**, and Basic Life** Insurance

**Coverage for Employee only



KAISER PERMANENTE®



Kaiser Permanente Medical Benefits

<i>Benefit Description</i>	<i>Kaiser EPO 4015 0% 0 \$25</i>	<i>Kaiser EPO 4038 90% \$300 \$25</i>
Calendar Year Deductible: Individual/Family	\$0	\$300/\$600
Out of Pocket Maximum: Individual/Family	\$1,500/\$3,000	\$4,000/\$8,000
Hospitalization	\$250 per admission	10%
Outpatient Surgery	\$25/procedure	10%
Emergency Room (waived if admitted)	\$100	10%
Office Visits	\$25	\$25
Routine Physicals	No Charge	No Charge
X-Ray/Lab	No Charge	\$10
Chiropractic	\$25	No Coverage
Urgent Care	\$25	\$25
Prescription Retail Generic/Brand	\$10/\$30	\$10/\$30
Prescription Mail Order Generic/Brand-up to 90 day supply	\$20/\$60	\$20/\$60

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



Blue Shield of California Medical Benefits

<i>Benefit Description</i>	<i>Blue Shield EPO 90% \$500 \$25 5137</i>	<i>Out of Network</i>
Calendar Year Deductible: Individual/Family	\$500/\$1000	N/A
Out of Pocket Maximum: Individual/Family	\$2,500/\$5,000	N/A
Hospitalization	10%	No Coverage
Outpatient Surgery	10%	No Coverage
Emergency Room	\$200 Copay, then 10%	Covered as In-Network
Office Visits	\$25	No Coverage
Routine Physicals	No Charge	No Coverage
X-Ray/Lab	10%	No Coverage
Chiropractic	24 Visits/benefit period	No Coverage
Urgent Care	\$50	Not Covered
Prescription Retail	\$10 Generic/\$20 Preferred \$40 Non Preferred	Retail: not covered except if required as a result of emergency or urgently needed service for an acute condition. Mail order not covered
Prescription Mail Order Up to 90 day supply	\$20 Generic/\$40 Preferred \$80 Non Preferred	Same as above

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



Dental Plan Benefit Highlights for: Delta Dental

Eligibility	Primary enrollee, spouse and eligible dependent children to the end of the month dependent turns age 26			
Deductibles	Delta Dental PPO dentists: \$50 per person / \$150 per family each calendar year Non-Delta Dental PPO dentists: \$75 per person / \$225 per family each calendar year			
Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics?	Yes			
Maximums	\$2,000 per person each calendar year			
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) Exam, cleanings, x-rays and sealants	100 %		100 %	
Basic Services Fillings, simple tooth extractions	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	\$ 1,500 Lifetime		\$ 1,500 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.



Benefits

EyeMed Vision Care in conjunction with Fidelity Security Life Insurance Company

Option 1

Exam & Materials

Insight Network

Fully Insured

Employer Paid

Funded Benefits

Frequency

Examination

Once every plan year

Lenses (in lieu of contacts)

Once every other plan year

Contacts (in lieu of lenses)

Once every other plan year

Frame

Once every other plan year

VISION CARE SERVICES

IN-NETWORK MEMBER COST

OUT-OF-NETWORK MEMBER REIMBURSEMENT

EXAM SERVICES

Exam at PLUS Providers

Exam

\$0 copay

\$10 copay

Up to \$40

Up to \$40

FRAME

Any available frame at PLUS Providers

Frame - Retail

Frame - Wholesale*

\$0 copay; 20% off balance over \$170 allowance

\$0 copay; 20% off balance over \$120 allowance

\$0 copay; balance over \$84 allowance

Up to \$84

Up to \$84

Up to \$84

CONTACT LENSES

(Contact Lens allowance includes materials only)

Contacts - Conventional

Contacts - Disposable

Contacts - Medically Necessary

\$0 copay; 15% off balance over \$120 allowance

\$0 copay; 100% of balance over \$120 allowance

\$0 copay; paid-in-full

Up to \$84

Up to \$84

Up to \$300

STANDARD PLASTIC LENSES

Single Vision

Bifocal

Trifocal

Lenticular

Progressive - Standard

Progressive - Premium Tier 1

Progressive - Premium Tier 2

Progressive - Premium Tier 3

Progressive - Premium Tier 4

\$0 copay

\$0 copay

\$0 copay

\$0 copay

\$0 copay

\$85 copay

\$95 copay

\$110 copay

\$175 copay

Up to \$30

Up to \$50

Up to \$70

Up to \$70

Up to \$50

Up to \$50

Up to \$50

Up to \$50

LENS OPTIONS

Polycarbonate - Std < 19 years of age

\$0 copay

Up to \$20

Available at wholesale providers, such as Costco Optical; discounts do not apply.

Archdiocese of San Francisco

Saving our members some extra green

We're committed to keeping money in our members' pockets.

That's why we offer our members additional discounts above the proposed plan benefits.

ADDITIONAL DISCOUNTS

\$avings for Members

40% off

additional pairs of glasses and a 15% discount on conventional lenses once funded benefit is used – an industry exclusive

20% off

any item not covered by the plan, including non-prescription sunglasses

Lasik

Lasik or PRK from US Laser Network
15% off retail price or 5% off promotional price

Hearing Care

Through Amplifon Hearing Health Care Network, members receive up to 64% off hearing aids, an extended warranty, and free batteries

VISION CARE SERVICES

IN-NETWORK MEMBER COST

DISCOUNTED EXAM SERVICES

Retinal Imaging

Up to \$39

CONTACT LENS FIT AND FOLLOW-UP

(Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed.)

Fit and Follow-up - Standard

Fit and Follow-up - Premium

Up to \$40

10% off retail price

DISCOUNTED LENS OPTIONS

Anti Reflective Coating - Standard

Anti Reflective Coating - Premium Tier 1

Anti Reflective Coating - Premium Tier 2

Anti Reflective Coating - Premium Tier 3

Photochromic - Non-Glass

Polycarbonate - Standard

Scratch Coating - Standard Plastic

Tint - Solid or Gradient

UV Treatment

\$45

\$57

\$68

20% off retail price

\$75

\$40

\$15

\$15

\$15

OTHER ADD-ON SERVICES AND MATERIALS

20% off retail price

Plan Highlights

Group Basic Life and AD&D Insurance



Eligibility

Employees: Each Active, Full-time employee working 20 or more hours per week, except any person working on a temporary or seasonal basis.

Benefit Amount

Basic Life and AD&D:
\$10,000

Contribution Requirements

Coverage is employer paid

AD&D Schedule

For Accidental Loss of:	
Life	100%
Both hands or both feet	100%
Sight of both eyes	100%
One hand and one foot	100%
One hand and sight of one eye	100%
One foot and sight of one eye	100%
Speech and Hearing	100%
One hand or one foot	50%
Sight of one eye	50%
Speech or hearing	50%

Features

- * Accelerated Death Benefit
(expressed as Living Benefit Rider in some states and Imminent Death Benefit in PA)
- * Air Bag Benefit
- * Conversion Privilege
- * Education Benefit
- * FMLA/MSLA Continuation
- * Loss of Use Benefit
- * Seat Belt Benefit
- * Waiver of Premium

Value Added Services

- * Bereavement Counseling Service
- * Travel Assistance Service

Exclusions

AD&D Exclusions:

AD&D benefits will not be payable for a loss: caused by suicide or intentionally self-inflicted injuries; caused by result from war or any act of war, declared or undeclared; to which sickness, disease or myocardial infarction, including medical or surgical treatment thereof, is a contribution factor;

Sustained during an insured's commission or attempted commission of assault or felony; to which the insured's acute or chronic intoxication is a contributing factor; or to which the insured's voluntary consumption of an illegal or controlled substance or a non-prescribed narcotic or drug is a contributing factor.

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL Insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6422, et al.

Plan Highlights

Group Voluntary and Dependent Life Insurance



Eligibility

Employees: Each Active, Full-time employee working 20 or more hours per week, except any person working on a temporary or seasonal basis.

Dependents: You must be insured in order for the Dependents to be covered.

Dependents are:

- * Your legal spouse not legally separated or divorced from you or your domestic partner.
- * Unmarried financially dependent child(ren)* from birth to age 20, to age 26 if full time student, unmarried financially dependent child(ren)* from age 20 if handicapped.
- * Natural and adopted children; stepchildren and foster children in your custody.
- * A person may not have coverage as both an Employee and Dependent.
- * Only one insured spouse may cover Dependent children.

Benefit Amount

Voluntary Life: Choose from a minimum of \$10,000 to a maximum of \$100,000 in \$5,000 increments.

Dependent Life

Spouse: Choose from a minimum of \$5,000 to a maximum of \$100,000 in \$5,000 increments. (Spouse may not exceed 50% of employee amount)

Dependent Child(ren): 14 days to age 20 (up to age 26 if full-time student): Choose from a minimum of \$1,000 to a maximum of \$10,000 in \$1,000 increments.

Guaranteed Issue (Initial Eligibility Period Only)

Employee - under age 60: \$100,000 / Age 60 and over: none

Spouse - Under age 60: 25,000 / Over age 60: none

Child – all child amounts are guaranteed issue

Contribution Requirements

Employee: Coverage is 100% employee paid.

Spouse: Coverage is 100% employee paid.

Dependent Child(ren): Coverage is 100% employee paid.

Benefit Reduction Due to Age (applicable to employee/spouse coverage)

	Original Benefits
<u>Age</u>	<u>Reduced to</u>
70	65%
75	45%

Features

- * Conversion Privilege
- * FMLA/MSLA Continuation
- * Portability
- * Waiver of Premium

Exclusions: For a comprehensive list of exclusions and limitations, please refer to the certificate of insurance. The certificate also provides all requirements necessary to be eligible for coverage and benefits. The Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group Policy form LRS-6422, et al.

Employee Assistance Program (EAP)

- How to access EAP
- Toll Free 866-248-4104
- On line www.liveandworkwell.com

www.liveandworkwell.com



Mental Well-Being Support

Unlimited solution-focused consultations

Eight (8) in-person or virtual counseling sessions

Legal and financial resources



Member Portal Access
Code = **ArchdioceseSF**

Get help with: (and much more)

Adult/Eldercare

Financial planning, retirement planning, legal service, housing assistance, respite care, insurance information, transportation, Medicare/Medicaid support, aids to daily living

Child/Parenting

Childcare, parenting support, child development experts, special needs support, help for teens, pregnancy services, childbirth/Nursing professionals, adoption support

Chronic Condition Support

Aids to daily living, medical suppliers, food/nutrition assistance, self-care tools, travel assistance, social services, home health care, special housing, medical alert systems, help with work issues, assistive technology

Convenience services

Household needs, personal issues, recreational activities, shopping, entertainment, dining, nightlife options, education, health and wellness

Life Learning

School issues, special education resources, college selection, lectures, financial aid assistance, online learning, alternative educational programs, community education programs, career consulting, adult education classes, music, dance, art and craft classes

Health Benefits Contact Sheet

Medical / Pharmacy Plans

Blue Shield Group ID #: W0072386 Grp Name: RETA Trust	(888) 772-1076	https://www.Blueshieldca.com
CVS Caremark Rx Group ID# RX21AE Bin:004336 PCN:ADV	(800) 844-0719	https://www.caremark.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
EyeMed	(866) 939-3633	https://www.EyeMed.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	(866) 248-4104	https://liveandworkwell.com
RETA Trust	(877)303-7382	https://www.RETAtrust.org



This brochure contains a brief description of the benefits offered by the Archdiocese of San Francisco. This brochure does not include the details relating to the terms and administration of the benefits offered. This brochure is not part of the plan document, summary plan description or provider contract for any of these benefits. For exact details of plan benefits & limitation please refer to the plan documents.