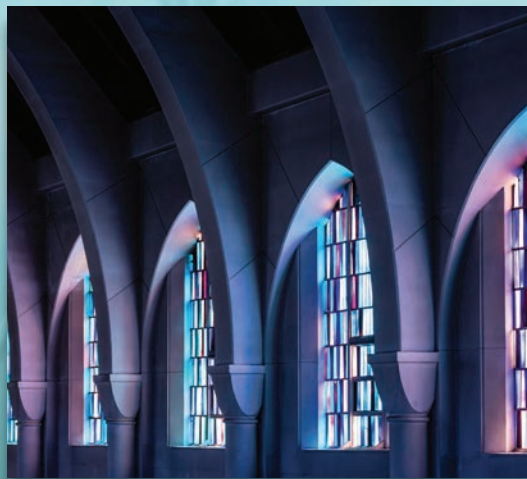


benefit begin



2023

Diocese of Springfield
Staff Only Plan

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This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

This enrollment announcement includes a summary of the medical, dental and vision plans available, the eligibility requirements, and instructions on how to enroll. Please read the information carefully prior to making your decisions. Any benefit election changes made during Open Enrollment will be effective July 1, 2023.

Full-time benefits include:

- » Medical Insurance
- » Dental Insurance
- » Vision Insurance
- » Flexible Spending Accounts
- » Life / AD&D Insurance
- » Health Savings Account

Annual Open Enrollment Period:
Thursday, May 4th to Friday, May 19th

Online Enrollment

You will be required to go online to enroll in insurance coverage. If you are enrolling in the plan for the first time, you will need to provide legal documentation to enroll your spouse or your children. See Pages 4-5 for details.

Enrollment Deadline

All enrollments and dependent documentation is due by Friday

May 19th. Failure to do so will impact you and your dependent(s) coverage. Employees must go online and enroll in benefits.

Coverage Details / Plan Offerings

All plan materials you need to make informed benefit enrollment decisions can be found on the Reta Benefits website: www.retatrust.org



Welcome to Open Enrollment!

We are pleased to announce the annual Open Enrollment for the Diocesan Benefits Program. The Benefits Program will be administered through the Reta Trust (a Catholic Healthcare Trust). Annual Open Enrollment is the time for you to review your current elections and to make any adjustments in your coverage. 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. If you wish to enroll, dis-enroll or make any changes to your coverage you will need go online to Reta Trust at www.retatrust.org.

Open Enrollment and Change of Family Status

You should carefully consider your Open Enrollment decisions because your elections remain in effect until the next open enrollment. After you enroll, the only time you may make changes to your benefits program during the plan year is if you experience a special enrollment situation or a change in family status. Otherwise, no changes can be made. Special enrollment is noted below. A change in family status as defined by the IRS includes marriage, divorce, or legal separation, birth or adoption of a child, or death of a dependent.

- » Blue Shield of California (BSC) is the medical vendor.
- » Three medical plan options are offered:
 - **Option 1 (EPO 250-1):** Low monthly employee contributions, low co-pays for office visits and a \$0 co-pay applies to in-patient hospital stays;
 - **Option 2 (EPO 500-1):** Lower monthly employee contributions, low co-pays for office visits and 10% employee cost share applies to in-patient hospital stays;
 - **Option 3 (HSA 2500-2):** Lowest monthly employee contributions, however there is a high deductible that applies to all covered services except preventative.
- » There will be no co-pay for preventive care / screenings / immunizations for all plans.
- » Pharmacy Plan is CVS Caremark. See page 7 for more information.
- » If you are new to the plan, you will receive one ID card to use for both medical and prescription coverage.
- » Dental will continue to be offered through Delta Dental.
- » Vision Service Plan (VSP) will remain our vision plan. All benefit eligible employees have the option to enroll in this benefit.
- » Healthcare/Dependent FSA: The IRS requires that you make your election annually. CheckWriters will continue as the administrator of the FSA. You will have the option of enrolling in a healthcare FSA and/or dependent care FSA up to the maximum IRS contribution limits.

For 2023, the maximum limits are up to \$3,050 for a healthcare FSA and up to \$5,000 for a dependent care FSA.

- » Health Savings Account (HSA) is Health Equity. For employees enrolled in the HSA 2500-2 plan, you can put tax-free money into an HSA and then use those funds to pay your healthcare costs.
- » Wellvolution is a no cost wellness program provided to all employees enrolled in the medical plan.

What Do I Need To Do?

NEW EMPLOYEES ONLY

Upon enrollment in Reta plans, you will be asked to verify your dependents with legal documentation. For a spouse you will need to provide two forms of documentation such as a marriage certificate and supporting second document like a joint utility bill. For a dependent child under 26 you will need to provide a birth certificate. Below is a list of acceptable documentation. These documents can either be uploaded during the online enrollment process, or can be faxed to [877.332.7382](tel:877.332.7382).

Gather Dependent Documentation	
Dependent Type	Approved Documents Requirement
Spouse	<p>» Marriage certificate plus one piece of documentation dated within the past 60 days to establish a common residence or financial interdependence.</p> <p>Examples of secondary documentation:</p> <ul style="list-style-type: none"> — Jointly filed Form 1040 — Separately filed Form 1040 with the same address — Financial documents in both parties name — Utility bill in both parties name <p>We do NOT accept a medical bill that has the names of both parties as secondary documentation.</p>
Child to Age 26	Birth certificate listing the employee's name
Stepchild	Birth certificate naming spouse as the child's biological parent and applicable spousal documentation
Disabled Dependent	Birth certificate and a copy of the employee's recent Form 1040 claiming the individual as a dependent OR the dependent's Form 1040 filed from the employee's address OR SSDI documentation
Adoption / Placed For Adoption	Appropriate court document
Legal Guardianship / Foster Child	Court document establishing employee or the employee's spouse is the legal guardian



Reta Benefits Center

During Open Enrollment, you have access to the Reta Benefits Center – where information is customized with the specific benefits available to you (based on your login ID). Also, available is a tool to help you decide which medical plan best fits your personal healthcare needs. Login at www.retatrust.org anytime beginning Thursday, May 4th and select Reta Benefits Center.

A single user ID and Password allows you to access all online platforms/websites related to your Reta healthcare benefits. You may obtain your unique User ID and Password for the first time, or have it resent to you if you are a returning user, by going to the Reta Trust home page (www.retatrust.org) and clicking on the link for assistance with login. Enter your email address; provided your email address has previously been entered in the RetaEnroll system and validated. Otherwise, to view your User ID and Password on-screen, select “Identify Yourself Online

Securely” and you will be prompted to enter:

- » First Name
- » Last 4-digits of your Social Security Number
- » Date of Birth
- » 5-digit Zip Code

To complete the enrollment process, follow these remaining steps:

Step 1: Return to retatrust.org and enter your User ID and Password in the appropriate boxes, which are located in the middle of the page.

Step 2: Click “Login”

Step 3: Start your enrollment process by clicking on Reta Enroll.

Step 4: Click “Yes” to be directed to the BAS enrollment portal.

Step 5: The Annual Open Enrollment screen will appear. Click “Go” to begin your enrollment and follow the instructions.

Step 6: Be sure to finalize your enrollment at the end of your session to save your elections. You may log in and make any changes up through the end of open enrollment.

YOUR ENROLLMENT IS COMPLETE.

Reta Trust 24 Hour / 7 Day Customer Support

Personal Assistance call: [877.303.7382](tel:877.303.7382)

(Monday-Friday, 8:30 am to 8 pm EST; Assistance available in English & Spanish)

Email: service@retaenroll.org

On-Line Benefits Website: www.retatrust.org

Medical Plan

Employees who are regularly scheduled to work 30 hours or more per week are eligible to participate in the plans. There is no coverage available for seasonal or temporary employees.

Plan Design	Option 1 Blue Shield EPO 250-1	Option 2 Blue Shield EPO 500-1	Option 3*** Blue Shield High Deductible Plan HSA 2500-1
Deductible (individual / family)	\$250 / \$500	\$500 / \$1,000	\$2,500 / \$5,000
Coinsurance	None	10% employee coinsurance	20% employee coinsurance
Annual Out-of-Pocket Maximum* (individual / family)	\$1,500 for any one Member in the same Family / \$3,000 for an entire Family unit of two or more Members	\$2,500 for any one Member in the same Family / \$5,000 for an entire Family unit of two or more Members	\$7,000 for any one Member in the same Family / \$14,000 for an entire Family unit of two or more Members
Employer HSA Contribution	\$0	\$0	\$750 Individual / \$1,350 Individual + 1 / \$2,250 Family
Preventive Care Visit	\$0 co-pay, deductible waived	\$0 co-pay, deductible waived	\$0 co-pay, deductible waived
Regular Office Visit	\$25 co-pay, deductible waived	\$25 co-pay, deductible waived	Deductible & Coinsurance
Specialty Office Visit	\$25 co-pay, deductible waived	\$25 co-pay, deductible waived	Deductible & Coinsurance
Emergency Room	\$100 co-pay	\$200 co-pay, then 10% coinsurance	Deductible & Coinsurance
Urgent Care	\$50 co-pay; deductible waived	\$50 co-pay; deductible waived	Deductible & Coinsurance
Inpatient Hospital	\$0 co-pay, deductible does not apply	10% coinsurance after deductible	Deductible & Coinsurance
Outpatient Hospital	\$0 co-pay, deductible does not apply	10% coinsurance after deductible	Deductible & Coinsurance
X-ray Therapy	No charge, deductible waived	10% coinsurance after deductible	Deductible & Coinsurance
Primary Care Physician (PCP) required	No	No	No

*EPO 250-1 and EPO 500-1: Includes Medical and Rx Deductible, Copays & Coinsurance; these co-payments are no longer required once the OOP maximum is reached. Option 3: OOP Maximum includes medical and drug coinsurance and deductibles.

Medical Plan (continued)

Plan Design	Option 1 Blue Shield EPO 250-1	Option 2 Blue Shield EPO 500-1	Option 3*** Blue Shield High Deductible Plan HSA 2500-1
Mental Health Benefits	Inpatient: \$0 co-pay, deductible does not apply; Outpatient: \$25 co-pay, deductible waived	Inpatient: 10% coinsurance, after deductible; Outpatient: \$25 co-pay, deductible waived	Deductible & Coinsurance
Substance Abuse Benefits	Inpatient: \$0 co-pay, deductible does not apply; Outpatient: \$25 co-pay, deductible waived	Inpatient: 10% coinsurance, after deductible; Outpatient: \$25 co-pay, deductible waived	Deductible & Coinsurance
Prescription Drugs Retail**			Deductible applies, then:
Generic	\$10	\$10	\$10
Preferred	\$20	\$20	\$20
Non-Preferred	\$40	\$40	\$40
Mail Order Drugs			
Generic	\$20	\$20	\$20
Preferred	\$40	\$40	\$40
Non-Preferred	\$80	\$80	\$80

The plan design listed illustrates In-network coverage only. For a more detailed summary please visit www.retatrust.org

** Additional cost may apply if you fill a maintenance medication at a retail pharmacy.

In-Network only coverage listed. This summary of benefits contains the highlights only. The specific benefits and exclusions are contained in your group service agreement.



Frequently Asked Questions

EPO Plans – EPO 250-1 & EPO 500-1

May I go to any doctor I want and receive plan benefits?

No. You only receive plan benefits when you use network providers who participate in the Blue Shield of California EPO network.

Is there a deductible?

Yes. The deductible resets each calendar year.

Will I need to choose a Primary Care Physician (PCP)?

No.

Do I need a referral to see a specialist?

No.

Is preventive care (well-child care checkups, etc.) covered?

Yes, when you use network providers.

Is there a limit to how much I may have to pay in one year?

Yes, the out-of-pocket maximum is a cap on the most you would pay out-of-pocket for medical services in a plan year.

Do I need a separate ID card for prescription drugs?

No, your medical and prescription drug benefit information will be contained on the same ID card.



Frequently Asked Questions

For Both the EPO Plans and HSA Plan

What is Wellvolution provided by BSC?

If you enroll in any of the medical plans, you are automatically enrolled in Wellvolution at no additional cost to you.

High Deductible Plan – HSA 2500-2

May I go to any doctor I want and receive plan benefits?

Yes, you are allowed to go to any provider (out-of-network provider), but you will pay more out-of-pocket costs compared to seeing an in-network provider.

Is there a deductible?

Yes. You will need to satisfy the deductible before Blue Shield of California reimburses providers.

Will I need to choose a PCP?

No.

Are prescription drugs covered?

Yes. Prescription drugs are covered under the plan but you must meet the deductible first. After you have met the deductible you will be responsible for any applicable copay or coinsurance amount.

Is preventive care covered?

Yes, when you use in-network providers preventive care is covered in full and no subject to the deductible.

What is coinsurance and how does it work with the high deductible plan?

Coinsurance is a term which the insurer and the insured share the costs incurred after the deductible is met. For example, the high deductible plan has 20% coinsurance and a \$2,500 individual deductible. This means that you would pay 20% of the covered costs after the deductible has been paid.



Prescription Drugs

CVS Caremark (CVS) is the current pharmacy plan. CVS brings a nationwide network of pharmacies that includes Walgreens, Walmart, local pharmacies and CVS stores. As a result of the partnership between CVS and BSC, you will have the convenience of carrying only one ID card for both BSC medical and CVS prescription benefits.

IMPORTANT: Make sure to present your identification card when picking up your prescription.

Prescription Q&A

If I choose to take a brand name medication and there is a generic equivalent available, is there an additional charge?

Yes. The prescription plan includes features to encourage members to obtain the lowest cost drug alternative. Dispense as written (DAW) penalty is the difference in the price between the brand name medication and its available generic equivalent. The penalty can be applied if a doctor writes a prescription for brand name medication when generic is available or if the member asks for the brand name to be dispensed even if a generic is available.

May I use mail order for drugs I use regularly?

Yes, please visit www.retatrust.org for more information.

Go to this Reta microsite for complete details about CVS

Here you will find all the information you will need about the CVS pharmacy plan. Click here and explore.

Could a 90-day maintenance medication be picked up at a retail pharmacy?

Yes, members will be able to obtain a 90-day supply of maintenance medication at retail pharmacies. The member's cost will be equal to the copay for a 30-day supply, times three. Members can obtain a 90-day supply of maintenance medications through the mail order program. The member's cost will be equal to the copay for a 30-day supply, times two.

Will there be coverage for certain Over the Counter (OTC) medications at a \$0 copay?

Yes, there is coverage for those OTC medications that meet the ACA requirements for medication such as aspirin, vitamin D, Folic Acid, Fluoride, Smoking Cessation products, and Iron Supplements (they would still require a prescription).

Where do I go if I have questions about the pharmacy plan?

I have a question about...

- » Is my medication on the CVS Formulary?
- » Did my Mail Order Drug get transferred?
- » Did my specialty Rx get transferred?
- » Did my Rx authorization get transferred?
- » I'm at the pharmacy but don't have my new ID card

Resources to use:

- » Reta Benefits Center
- » Caremark.com
- » Download and use the CVS App
- » Call CVS: [800.844.0719](tel:800.844.0719)

Caremark Mail Order Program

Out of refills or are obtaining new prescriptions after 07/01/2022? You can have your physician send them directly to CVS Caremark.

Health Savings Account (HSA)

The Diocese of Springfield will offer a Health Savings Account from Health Equity for employees enrolled in the High Deductible Plan HSA 2500-2. You can put tax- free money into your HSA and then use the funds to pay for approved medical, dental and vision expenses.

Benefits of the Health Savings Account

- » No “Use-it-or-lose-it: The money you put into your HSA, the interest you earn, and even when you withdraw money to pay for health care costs are all tax-free
- » HSA’s are portable: All of your money in your HSA rolls over from year to year, and it’s yours even if you change health insurance plans or change jobs
- » Can be used for future healthcare expenses, such as Medicare premiums and certain long-term care expenses and insurance
- » No income limitations to participate in an HSA

How much can I contribute?

	2023 Maximum Amounts for Saving
Individual	\$3,850/year
Individual + 1	\$7,750/year
Family	\$7,750/year

	Diocese will contribute the following to your HSA:
Individual	\$750/year
Individual + Spouse	\$1,350/year
Individual + Child(ren)	\$1,800/year
Family	\$2,250/year

Catch-up contribution for those 55 & over: **An additional \$1,000 per year**



Frequently Asked Questions

Health Savings Account (HSA)

Who is eligible and can contribute to an HSA?

You must meet all the following conditions:

- » Covered under a “qualified” High Deductible Plan (HDP) and not covered under any other non HDP
- » Not entitled to (i.e. enrolled in) Medicare (A,B,C or D)
- » Not claimed as a tax dependent on another person’s tax return

How Do I Enroll?

You will have the option to enroll in the Health Savings Account and set your contributions while completing the enrollment steps found in RetaEnroll. More information about RetaEnroll can be found on page 5.

Am I eligible if I have other insurance (i.e. dental)?

Yes, “permitted insurance” from which you can receive benefits without losing HSA eligibility, include dental, vision and long- term care insurance.

My spouse has a traditional FSA through her employer. Does that affect my HSA eligibility?

Yes, in this case, you have coverage through your health plan and your spouse’s traditional Health FSA, which is not a qualified HDHP (because it pays benefits without your satisfying a deductible). You therefore cannot gain HSA eligibility before the end of your spouse’s traditional Health FSA plan year {or longer if it has a grace period}. See Human Resources for more details.

For what purpose can my HSA funds be used?

Funds can be withdrawn for any purpose, at any time. However, if funds are withdrawn for reasons other than to pay for qualified medical expenses by someone under age 65, the amount withdrawn is taxable and subject to a 10% penalty by the IRS.

After age 65, there is no penalty for non-qualified withdrawals but amounts are taxable.



Dental Program

To find a participating dentist go to deltadentalins.com. For more detailed information on your dental benefits, please visit RetaTrust.org.

Get the Most Out of Your Benefits

You can maximize your plan value if you select a dentist who participates in the Delta PPO network. PPO network dentists have agreed to reduced contracted rates for services making your plan dollars go further. The choice, however, is up to you. Just make sure to go to a participating Delta dentist. Non-Delta dentists may balance bill you above the plans reasonable and customary limits.*

Benefits	Delta Dental PPO Dentists In-PPO Network	Out-of-PPO Network Premier and Non-Delta Dentists*
Deductible (per calendar year)	\$50 / person \$150 / family	\$75 / person \$225 / family
Maximum Per Person (per calendar year)	\$1,500	
Preventive & Diagnostic Care	Covered at 100%	Covered at 100%
Basic Coverage	Covered at 90%	Covered at 80%
Major Coverage	Covered at 60%	Covered at 50%
Orthodontic Benefits	Covered at 50%	Covered at 50%
Orthodontic Maximums	\$1,000 Lifetime	\$1,000 Lifetime



Vision

We will be partnering with VSP to provide members access to one of the nation’s largest vision networks. As a member, you will have access to a rich network of providers and national retailers and you will receive exclusive savings on designer frames, premium lenses and coatings, contact lenses, and laser vision services.

To find an eye doctor, visit www.vsp.com.

Benefits	Description	In-Network	Out-of-Network
WellVision Exam	Every 12 months	\$10	Up to \$45
Prescription Glasses		\$25	
Frames	<ul style="list-style-type: none"> » \$150 allowance for a wide selection of frames » \$170 allowance for featured frame brands » 20% savings on the amount over your allowance » \$80 Costco frame allowance » Every 24 months 	Included in Prescription Glasses	Up to \$70
Lenses	<ul style="list-style-type: none"> » Single Vision » Lined Bifocal » Lined Trifocal » Every 12 months 	Included in Prescription Glasses	Up to \$30 Up to \$50 Up to \$65
Lens Enhancements	<ul style="list-style-type: none"> » Standard Progressive lenses » Premium Progressive lenses » Custom Progressive lenses » Anti-reflective coating » Every 12 months 	\$40 \$40 \$40 \$20	Up to \$50 for Progressive lenses
Contacts (instead of glasses)	<ul style="list-style-type: none"> » \$150 allowance for contacts; copay does not apply » Every 12 months 	Up to \$60	Up to \$105

You do not need to present a VSP ID card at the provider’s office. However, if you want a tangible card to keep in your wallet you can go to VSP.com, create an account and from there print ID cards.



Flexible Spending Accounts

The Diocese of Springfield will continue to offer a Flexible Spending Account (FSA) benefit to our Priests, which is administered through CheckWriters

To participate you must enroll each year. Your elections DO NOT carry over from year to year.

Health Care (or Medical) FSA

The Healthcare FSA is an account plan setup by the IRS that allows employees to set aside monies on a pre-tax basis for expenses they intend to incur during the year. For monies you are spending everyday on doctor office copays, deductibles, hospital expenses, prescription copays, and many more items, you could pay for these taxfree through the FSA.

How does this work?

Simply estimate the out-of-pocket expenses you KNOW you are going to have for this next year up to the Annual Maximum (7/1/23 - 6/30/24) of \$3,050. Keep in mind, this includes any Medical, Dental, and Vision expenses for you AND your family (Spouse and Legal

Dependents/Children). The annual amount elected is then divided by your total number of paychecks for the year. These amounts deducted from your paycheck would be deducted BEFORE taxes (pre-tax) and would lower your taxable income by the amount set aside in the FSA plan.

The benefit?

The amount you set aside in an FSA is taken “pre-tax” meaning it is taken from your paycheck before taxes are applied (much like your Medical Insurance premiums). The benefit is that you are only taxed upon the income remaining, as your paycheck was lowered by the amount set aside in the FSA. You are also saving taxes on the first dollar versus having to itemize and try to write these expenses off on your taxes each year.

What is an FSA?

An FSA Plan provides you a way to pay for qualified expenses with tax-free money. These plans help alleviate healthcare and childcare costs by allowing you to set aside a portion of your income tax-free in order to pay for these expenses, and ultimately lower your taxable income.

	Doesn't Participate in an FSA	Does Participate in an FSA
Annual Income	\$35,000	\$35,000
Pre-Tax FSA Contributions	\$0	\$500
Taxable Salary	\$35,000	\$34,500
Federal Withholding (15%)	\$5,250	\$5,175
State Tax Withholding (5.2%)	\$1,820	\$1,794
FICA Tax (7.65%)	\$2,677	\$2,639
Total Annual Taxes	\$9,747	\$9,608
Annual Tax Savings	\$0	\$139

Frequently Asked Questions

Flexible Spending Accounts

What if I have a lot of expenses at the beginning of the plan year?

Don't worry, you will have the FULL balance of your annual HealthCare FSA amount available to you at the beginning of the year. For example, if you set aside \$1,000 for the year, you will have \$1,000 available to you on day one of the plan year (7/1/2023).

How do I get the money?

To file a Healthcare FSA and/or Dependent Care FSA claim, complete the claim form with the applicable information. For fastest reimbursement, fax the form to [877.268.3107](tel:877.268.3107) or email to s125benefits@checkwriters.com. Or mail to: CheckWriters Payroll Attention S125 Benefits, 46 Roundhill Road, Northampton, MA 01060.

TIPS: When considering your current out-of-pocket expenses, check out websites like [CVS.com](https://www.cvs.com), [Walgreens.com](https://www.walgreens.com), and [Drugstore.com](https://www.drugstore.com). These sites usually have an "FSA Eligible" indicator for items covered under an FSA plan, which can help you further estimate costs and expenses for the year.

How do I enroll?

You will have the option to enroll in the Healthcare FSA and/or Dependent Care FSA and set your pre-tax FSA contributions while completing the enrollment steps found in RetaEnroll.

This is a "Use-it or Lose-it" Account

Be sure you are being conservative in your estimates. You will have up to 90 days after the end of the plan year (until 9/30/2024) to file for a Healthcare FSA and/or Dependent Care FSA claim incurred during the 7/1/2023 = 6/30/2024 plan year.

Keep All Receipts!

Also, always keep your receipts in the event you were to get audited (have an envelope for each year and put all receipts aside in the envelope just in case).



Dependent Care Account

A Dependent Care FSA is an account set up specifically for Daycare and Childcare expenses for your dependent child(ren). This money set aside in the Dependent Care FSA plan is also set aside tax-free and allows you (and your spouse, if applicable) to pay for daycare/childcare expenses using this tax free money while you (and your spouse, if applicable) go to work.

You may set aside up to \$5,000 per calendar year (family limit) in this Dependent Care FSA plan in order to help pay for those expenses. This plan works a little differently than the HealthCare FSA in that you are only able to be reimbursed for/utilize what you put in after each paycheck.

Examples of Allowable Dependent Care FSA Expenses:

- » Child Care Centers
- » Family Day Care Providers
- » Licensed Baby-Sitters
- » Nursery Schools

Examples of Non-Allowable Dependent Care FSA Expenses:

- » Kindergarten expenses
- » Health care expenses for your dependents

Example

If you sign up for the full \$5,000 per year and are on a weekly payroll, you would see \$104.17 out of your paycheck. This amount is then reimbursable to you as funds are sent to your Dependent Care FSA account.

Dependent Care Flexible Spending Accounts allow you to use tax-free dollars on childcare, so you don't have to worry about your kids!



Medicare Assistance Program

SGIA Medicare Consulting's Medical Assistance Program is an employee benefit, offered by the Reta Trust and the Diocese of Springfield. Our focus is the complicated world of Medicare. Our specialty is the personal approach we take to maximize benefits for each individual's specific needs.

If you are turning 65, are 65 or older, you may have questions about Medicare.

- » How does Medicare work with employer plans?
- » How and when do I sign up for Medicare?
- » Which Medicare options are right for me?
- » Where can I find Medicare answers?

Understand Your Medicare Options

Through our partnership with SGIA, personalized assistance is available to explore your Medicare options. SGIA provides information, guidance, and complete enrollment assistance.

The Medicare Assistance Program is available at no-cost before, during, or after enrollment.

Contact SGIA for personal consultations and Medicare information

- » 888.845.0449
- » reta@sgiamedicare.com
- » 8 a.m. – 6 p.m. (PST)

Contributions

All eligible employees who elect coverage will have deductions withheld from their paycheck. The monthly employer and employee contributions for these plans are reflected below. These contributions are effective July 1, 2023 through June 30, 2024.

Blue Shield EPO 250-1 Plan

	Monthly Plan Cost	Employer Contribution	Employee Contribution
Employee	\$993.20	\$706.96	\$286.24
Employee + Spouse	\$2,185.03	\$1,433.38	\$751.65
Employee + Child(ren)	\$1,638.77	\$924.27	\$714.50
Family	\$2,780.95	\$1,995.33	\$785.62

Blue Shield EPO 500-1 Plan

	Monthly Plan Cost	Employer Contribution	Employee Contribution
Employee	\$932.18	\$687.48	\$244.70
Employee + Spouse	\$2,050.79	\$1,387.36	\$663.43
Employee + Child(ren)	\$1,538.09	\$907.47	\$630.62
Family	\$2,610.10	\$1,924.95	\$685.15

Blue Shield High Deductible Plan

	Monthly Plan Cost	Employer Contribution	Employee Contribution
Employee	\$778.39	\$625.20	\$153.19
Employee + Spouse	\$1,712.45	\$1,292.90	\$419.55
Employee + Child(ren)	\$1,284.35	\$885.56	\$398.79
Family	\$2,179.49	\$1,754.49	\$425.00

Lay/Religious Group: Delta Dental

	Employee Contribution
Employee	\$23.16
Employee + Spouse	\$44.70
Employee + Child(ren)	\$39.63
Family	\$67.25

Lay/Religious Group: VSP

	Employee Contribution
Employee	\$2.95
Employee + Spouse	\$5.78
Employee + Child(ren)	\$5.23
Family	\$7.86

Contact Information

Blue Shield of California

1.888.772.1076

www.provider.bcbs.com

CVS Customer Care

1.800.844.0719

www.caremark.com

VSP (Reta)

1.800.877.7195

5am to 7pm PST M-F 6am to 2:30 PST Sat

www.VSP.com

imember@vsp.com

Claims Address: PO Box 997105,

Sacramento, CA 95899-7105

Delta (Reta)

1.800.765.6003

www.deltadentalins.com

BAS – Cobra Control Services

1.877.360.7382

CheckWriters FSA Administration

www.checkwriters.com

CheckWriters FSA Administration

www.checkwriters.com

1.877.268.3107

a125benefits@checkwriters.com



Annual Notices

Women's Health & Cancer Rights Act Notice

In the case of a covered person receiving benefits in connection with a mastectomy who elects breast reconstruction, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- » Reconstruction of the breast on which the mastectomy was performed
- » Surgery and reconstruction of the other breast to produce a symmetrical appearance
- » Prostheses and treatment of physical complications at all states of the mastectomy, including lymph edemas
- » Deductibles, coinsurance, and co-payment amounts will be the same as those applied to other similarly covered medical services, such as surgery and prosthesis.

Source: The Women's Health and Cancer Rights Act of 1998

HIPAA Privacy Notice Availability

We take your privacy seriously. We are able to provide a copy of our HIPAA privacy notice and talk to you about our privacy practices. Please contact the Human Resource Department if you have any questions.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are **not** currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **877.KIDS.NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **866.444.EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2023. Contact your state for more information on eligibility.

ALABAMA – Medicaid
http://myalhipp.com 855.692.5447
ALASKA – Medicaid
The AK Health Insurance Premium Payment Program http://myakhipp.com/ 866.251.4861 CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid
http://myarhipp.com 855.MyARHIPP 855.692.7447

CALIFORNIA – Medicaid
Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp 916.445.8322 Fax: 916.440.5676 Email: hipp@dhcs.ca.gov
COLORADO – Medicaid and CHIP
Health First Colorado (Colorado's Medicaid Program) https://www.healthfirstcolorado.com Member Contact Center: 800.221.3943 State Relay 711 Child Health Plan Plus (CHP+) https://www.colorado.gov/pacific/hcpf/child-health-plan-plus Customer Service: 800.359.1991 State Relay 711 Health Insurance Buy-In Program (HIBI) https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 855.692.6442

FLORIDA – Medicaid
www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html 877.357.3268
GEORGIA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp 678.564.1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra 678.564.1162, Press 2
INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64 http://www.in.gov/fssa/hip/ 877.438.4479 All other Medicaid https://www.in.gov/medicaid/ 800.457.4584
IOWA – Medicaid and CHIP (Hawki)
Medicaid: https://dhs.iowa.gov/ime/members 800.338.8366 Hawki: http://dhs.iowa.gov/Hawki 800.257.8563 HIPP: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp 888.346.9562
KANSAS – Medicaid
https://www.kancare.ks.gov/ 800.792.4884 HIPP Phone: 800.766.9012
KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP): https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx 855.459.6328 KIHIPP.PROGRAM@ky.gov KCHIP: https://kidshealth.ky.gov/Pages/index.aspx 877.524.4718 Medicaid: https://chfs.ky.gov
LOUISIANA – Medicaid
www.medicaid.la.gov or www.lahipp.la.gov 888.342.6207 (Medicaid hotline) or 855.618.5488 (LaHIPP)
MAINE – Medicaid
Enrollment: https://www.mymaineconnection.gov/benefits/s/?language=en_US 800.442.6003 TTY: Maine relay 711 Private Health Insurance Premium: https://www.maine.gov/dhhs/ofi/applications-forms 800.977.6740 TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP
https://www.mass.gov/masshealth/pa 800.862.4840 TTY: 617.886.8102
MINNESOTA – Medicaid
https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp 800.657.3739
MISSOURI – Medicaid
http://www.dss.mo.gov/mhd/participants/pages/hipp.htm 573.751.2005
MONTANA – Medicaid
http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP 800.694.3084 Email: HHSHIPPPProgram@mt.gov

NEBRASKA – Medicaid
http://www.ACCESSNebraska.ne.gov Phone: 855.632.7633 Lincoln: 402.473.7000 Omaha: 402.595.1178
NEVADA – Medicaid
http://dhcfp.nv.gov 800.992.0900
NEW HAMPSHIRE – Medicaid
https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program 603.271.5218 Toll free number for the HIPP program: 800.852.3345, ext. 5218
NEW JERSEY – Medicaid and CHIP
Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid 609.631.2392 CHIP: http://www.njfamilycare.org/index.html 800.701.0710
NEW YORK – Medicaid
https://www.health.ny.gov/health_care/medicaid/ 800.541.2831
NORTH CAROLINA – Medicaid
https://medicaid.ncdhhs.gov/ 919.855.4100
NORTH DAKOTA – Medicaid
http://www.nd.gov/dhs/services/medicalserv/medicaid 844.854.4825
OKLAHOMA – Medicaid and CHIP
http://www.insureoklahoma.org 888.365.3742
OREGON – Medicaid
http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html 800.699.9075
PENNSYLVANIA – Medicaid and CHIP
https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx 800.692.7462 CHIP Website: https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx CHIP Phone: 800.986.KIDS (5437)
RHODE ISLAND – Medicaid and CHIP
http://www.eohhs.ri.gov 855.697.4347 or 401.462.0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid
http://www.scdhhs.gov 888.549.0820
SOUTH DAKOTA – Medicaid
http://dss.sd.gov 888.828.0059
TEXAS – Medicaid
http://gethipptexas.com 800.440.0493
UTAH – Medicaid and CHIP
Medicaid: https://medicaid.utah.gov CHIP: http://health.utah.gov/chip 877.543.7669

VERMONT – Medicaid
http://www.greenmountaincare.org Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access 800.250.8427
VIRGINIA – Medicaid and CHIP
https://www.coverva.org/en/famis-select https://www.coverva.org/hipp/ Medicaid and Chip: 800.432.5924
WASHINGTON – Medicaid
https://www.hca.wa.gov/ 800.562.3022
WEST VIRGINIA – Medicaid
https://dhr.wv.gov/bms/ or http://mywvhipp.com/ Medicaid: 304.558.1700 CHIP Toll-free: 855.MyWVHIPP 855.699.8447
WISCONSIN – Medicaid and CHIP
https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm 800.362.3002
WYOMING – Medicaid
https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ 800.251.1269

To see if any other states have added a premium assistance program since January 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
866.444.EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
877.267.2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 1/31/2026)

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)

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This benefit summary prepared by



Gallagher

Insurance | Risk Management | Consulting