

DIOCESE OF SACRAMENTO

# EMPLOYEE BENEFITS



**OFFICE OF LAY PERSONNEL**

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# July 1, 2018 - June 30, 2019 Employee Benefits Guide

## EFFECTIVE DATES OF BENEFITS

### MEDICAL

1. Effective date of coverage is the date of hire.
2. Coverage always terminates at the end of the month.

### DENTAL, VISION & LIFE

1. If your date of hire is on the 1st of the month, coverage will be effective immediately.
2. If your date of hire is on the 2nd through the end of the month, coverage will be effective the 1st of the following month.
3. Coverage always terminates at the end of the month.

### YOUR RESPONSIBILITY

Before you enroll, make sure you understand the plans and ask questions if you don't. After you enroll, you should always check your first payroll stub to make sure that the correct amount is being deducted and that all the benefits you elected are included. Any corrections must be made within the first 31 days of enrollment. You should also verify that all beneficiary information is up to date.

### ELIGIBLE DEPENDENT CHILD AGE LIMIT

	Age
Medical	26
Dental	26
Vision	26
Dependent Life	26

## QUALIFYING EVENTS

Change must be made within 31 days of event and may require documentation.

Qualifying Event means a change in your family, employment or group coverage status which would affect your benefits due to one or more of the following:

1. Marriage
2. Birth, adoption or placement for adoption of a dependent child
3. Divorce, legal separation or annulment
4. Death of a dependent
5. A change in your or your dependent's employment status, such as ending employment; strike; lockout; taking or ending a leave of absence; changes in worksite or work schedule, if it causes you or your dependent to gain or lose eligibility for group coverage.
6. Increase/Decrease in hours significantly changing cost charged to employee.
7. Ineligible Dependent

# VSP Vision Benefits

BENEFIT DESCRIPTION	IN-NETWORK	NON-NETWORK	FREQUENCY
Exam	\$10 Copay	Up to \$45	Every 12 Months
Lenses	See below		Every 24 Months*
Single Vision Lenses	Covered in Full	Up to \$30	
Bifocal Lenses	Covered in Full	Up to \$50	
Trifocal Lenses	Covered in Full	Up to \$65	
Frames	\$25 Copay \$150 Allowance	Up to \$70	Every 24 Months
Contact Lenses in Lieu of Glasses	\$150 Allowance for Exam and Contacts	Up to \$70	Every 24 Months
**Interim Benefits: Lenses provided every 12 months with an Rx change of .50 diopter or more			



# Delta Dental Benefits

BENEFIT DESCRIPTION	LOW OPTION		HIGH OPTION	
	PPO	NON-PPO	PPO	NON-PPO
Annual Deductible - Individual / Family Max.	\$50 (x3)		\$50 (x3)	
Deductible Waived for Preventive Services	Yes		Yes	
Preventive Services	100%	100%	100%	100%
Basic Services	90%	80%	90%	80%
Major Services (includes Implants)	60%	50%	60%	50%
Waiting Period for Major Services	None		None	
TMJ (Separate \$1,000 Lifetime max)	60%	50%	60%	50%
Calendar Year Maximum Benefit	\$1,500	\$1,000	\$2,500	\$1,500
Orthodontia-Dependent Children	50%		50%	
Adult Benefit Ortho	50%		50%	
Orthodontia Deductible	N/A		N/A	
Orthodontia Lifetime Benefit	\$1,000		\$2,500	
Waiting Period for Orthodontia	None		None	
Coverage includes Brush Biopsies and 1 regular/1 periodontic cleaning every 6 months				







## Anthem Blue Cross Medical Benefits

BENEFIT DESCRIPTION	BLUE CROSS HIGH OPTION PPO PLAN		BLUE CROSS LOW OPTION PPO PLAN	
	In-Network	Out of Network	In-Network	Out of Network
Calendar Year Deductible	\$1,500 / \$3,000		\$2,500 / \$5,000	
Out of Pocket Maximum: Single/Family	\$3,000 / \$6,000	\$6,000 / \$12,000	\$5,000 / \$10,000	\$10,000 / \$20,000
Hospitalization	10% after Deductible	30% after Deductible (\$600/day max)	20% after Deductible	50% after Deductible (\$600/day max)
Outpatient Surgery	10% after Deductible	30% after Deductible (\$350/day max)	\$250 + 20% after Deductible	50% after Deductible (\$350/day max)
Emergency room	10%		20%	
Office Visits	\$35	30% after Deductible	\$45	50% after Deductible
Routine Physicals	No Charge	Not Covered	No Charge	Not Covered
X-Ray/Lab	\$35 / visit after Deductible	30% after Deductible	\$45 / visit after Deductible	50% after Deductible
Chiropractic	\$25 / visit	30%	\$45 / visit	50%
	Up to 12 visits per calendar year		Up to 12 visits per calendar year	
Ambulance	10% after Deductible		20% after Deductible	
Prescriptions** Generic/Preferred Brand/ Non-Preferred Brand	\$10 / \$25 / \$40 (30 day supply) \$20 / \$50 / \$80 (mail order 90 days supply)		\$10 / \$25 / \$40 (30 day supply) \$20 / \$50 / \$80 (mail order 90 days supply)	
**Please note: Prescription Drugs are handled through Envision. The Pharmacy Out of Pocket Maximum is \$1,500 for Individual and \$3,000 for Family. You will receive a separate I.D. Card in order to obtain prescriptions.				



# KAISER PERMANENTE®



## Kaiser Permanente Medical Benefits

BENEFIT DESCRIPTION	KAISER HIGH OPTION PLAN	KAISER LOW OPTION PLAN
<b>Calendar Year Deductible: Individual / Family</b>	\$1,000 / \$2,000	\$3,500 / \$7,000
<b>Out of Pocket Maximum: Individual / Family</b>	\$3,000 / \$6,000	\$6,000 / \$12,000
<b>Hospitalization</b>	30% after Deductible	30% after Deductible
<b>Outpatient Surgery</b>	30% after Deductible	30% after Deductible
<b>Emergency room (waived if admitted)</b>	30% after Deductible	30% after Deductible
<b>Office Visits</b>	\$30	\$40
<b>Routine Physicals</b>	No Charge	No Charge
<b>X-Ray/Lab</b>	\$10 after Deductible	\$40 after Deductible
<b>Chiropractic</b>	\$10 (30 visits/calendar year)	\$10 (30 visits/calendar year)
<b>Ambulance</b>	\$150 after Deductible	30% after Deductible
<b>Prescription Generic/Brand</b>	\$100 Brand Deductible \$10 / \$30: up to a 100 day supply	\$100 Brand Deductible \$15 / \$35: 30 day supply (retail) \$30 / \$70: 60 day supply (retail) \$45 / \$105: 100 day supply (retail) \$30 / \$70: 100 day supply (mail order)



## Planning for the Unexpected

### **THE STANDARD LIFE BENEFIT DESCRIPTION**

Amount of Life/AD&D	\$25,000
Guarantee Issue Amount	\$25,000
Reduction Schedule	At age 70 reduces by 50%
Conversion	Yes
Portability	Yes
Waiver of Premium	Yes
Additional Dependent Life (\$3 employee paid)	\$10,000 Spouse \$5,000 Each Child

### **THE STANDARD LONG TERM DISABILITY BENEFIT DESCRIPTION**

Monthly Benefit Percentage	60% of Covered Earnings
Maximum Monthly Benefit	\$10,000
Elimination Period	6 months
Maximum Benefit Period	SSNRA
"Own Occ" Definition	36 Months
Pre-Existing Limitation	3/12
Survivor Benefit	3 Months
Waiver of Premium	Yes



### **BDA EMPLOYEE ASSISTANCE PROGRAM (EAP) SERVICES ADMINISTERED BY THE STANDARD**

Unlimited 24/7 Telephone Access to a Toll-Free Helpline
3 Face-to-Face Assessment and Counseling Sessions Per Issue



For exact details of plan benefits and limitations, please refer to your Policy Handbook. The Standard plan documents are the final arbiter of coverage.





## Voluntary Life & Dependent Life

The monthly cost for both you and your spouse varies by age of employee and spouse.

### THE STANDARD VOLUNTARY LIFE BENEFIT DESCRIPTION

<b>Voluntary Life Amount</b>	Employees may elect units of \$10,000
<b>Voluntary Life Maximum</b>	\$500,000
<b>Reduction of Life &amp; AD&amp;D Insurance</b>	Reduced by 33% at age 70 and an additional 22% at age 75, rounded to the next higher \$10,000
<b>Accidental Death &amp; Dismemberment Benefit</b>	If elected, coverage automatically doubles your benefit if death is due to an accident
<b>Spouse Amount</b>	Units of \$5,000, up to the lesser of 100% of the employee's amount of \$250,000
<b>Child Amount</b>	Live birth to less than 21 years (26 years if a full-time student) \$1,000, \$5,000 or \$10,000 The dependent child amount cannot exceed 100% of the employee amount

Employees can purchase a \$10,000 increment of Additional Life coverage, not to exceed the Additional Life insurance guarantee issue amount, at the group's annual enrollment period\* without evidence of insurability. This applies to both late enrollees and employees already enrolled.

### MONTHLY RATES PER \$1,000 OF BENEFIT

Age	Employee	Spouse
<20	\$0.026	\$0.046
20-24	\$0.038	\$0.068
25-29	\$0.045	\$0.080
30-34	\$0.062	\$0.098
35-39	\$0.083	\$0.130
40-44	\$0.139	\$0.190
45-49	\$0.192	\$0.304
50-54	\$0.350	\$0.546
55-59	\$0.718	\$0.994
60-64	\$1.044	\$1.498
65-69	\$1.800	\$2.428
70-74	\$3.718	\$4.538
75+	\$12.046	\$14.928

Child(ren) Life Monthly Rate  
 \$0.15 for \$1,000  
 \$0.75 for \$5,000  
 \$1.50 for \$10,000

### ACCIDENTAL DEATH & DISMEMBERMENT RATES

<b>Employee Monthly Rates Per \$1,000 of Benefit</b>	\$0.02
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### \*GUARANTEE ISSUE AMOUNT

Employee	Spouse	Child
\$180,000	\$50,000	\$10,000

If elected within the first 31 days of hire or eligibility period.



## What will my benefits cost?

### FULL-TIME EMPLOYEE MONTHLY CONTRIBUTION

<b>Anthem Blue Cross</b>	<b>EE Only</b>	<b>EE + 1</b>	<b>EE + Family</b>
High PPO	\$90.23	\$811.10	\$1,176.48
Low PPO	\$28.72	\$474.32	\$705.74

<b>Kaiser</b>	<b>EE Only</b>	<b>EE + 1</b>	<b>EE + Family</b>
High Option	\$62.14	\$522.71	\$842.19
Low Option	\$25.81	\$408.44	\$673.85

<b>Delta Dental</b>	<b>EE Only</b>	<b>EE + Spouse</b>	<b>EE + Child(ren)</b>	<b>EE + Family</b>
High Option	\$15.55	\$52.20	\$70.52	\$107.16
Low Option	\$4.66	\$32.60	\$46.56	\$74.50

<b>VSP Vision</b>	<b>EE Only</b>	<b>EE + Spouse</b>	<b>EE + Child(ren)</b>	<b>EE + Family</b>
	\$0.49	\$3.75	\$4.21	\$8.39

## Who do I contact if I have questions?

### CARRIER DIRECTORY

<b>Anthem Blue Cross</b>	<a href="http://www.anthem.com/ca">www.anthem.com/ca</a> (888) 722-1077
<b>Kaiser</b>	<a href="http://www.kp.org">www.kp.org</a> (800) 533-1833
<b>EnvisionRX</b>	<a href="http://www.envisionrx.com">www.envisionrx.com</a> (844) 852-7437
<b>Delta Dental</b>	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a> (800) 765-6003
<b>VSP</b>	<a href="http://www.vsp.com">www.vsp.com</a> (800) 877-7195
<b>The Standard</b>	<a href="http://www.standard.com">www.standard.com</a> (800) 378-1613
<b>EAP services</b>	<a href="http://www.workhealthlife.com/standard3">www.workhealthlife.com/standard3</a> (888) 293-6948
<b>Reta Trust</b>	<a href="http://www.retatruster.org">www.retatruster.org</a> (877) 303-7382



This brochure contains a brief description of the benefits offered by Diocese of Sacramento. 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 & limitations please refer to your policy handbook. Diocese of Sacramento's plan documents are the final arbiter of coverage. Such documents, descriptions and contracts govern the interpretation and administration of the benefits. The benefits described herein are subject to amendment or termination by Diocese of Sacramento at any time.