

ROMAN CATHOLIC
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SACRAMENTO

ANNUAL BENEFITS OPEN ENROLLMENT

AGENDA

- Important Open Enrollment Dates and Notifications
- Benefit Offerings from Reta
- Sun Life Financial Benefits
 - Employee Assistance Program
 - Travel Emergency Assistance
- What's Changing for 2020
- Reta Trust Health and Wellness Program
 - Weights Watchers (WW) Program
- Benefits Materials on Website
- Contact Information



OPEN ENROLLMENT 05/04-05/26

- Benefit Plans offered through Reta effective July 1, 2020
 - Anthem Blue Cross – same as current
 - Kaiser Permanente – same as current
 - Sutter Health | Aetna – same as current
 - EnvisionRx – same as current
 - Delta Dental – same as current
 - VSP Vision – same as current
 - Sun Life Financial – same as current
- Enrollment is Passive (changes only)
- You will be mapped to the same plan/ tier if you take no action
- Even though it is a passive year, we still want employees to go online and review personal, dependent, benefits, and service information



ENROLLMENT PROCESS

- The benefits open enrollment process is completely online through RetaEnroll.
- The enrollment site is available 24 hours a day, 7 days a week during the Open Enrollment period. When you are ready to make your elections, follow these six steps:
 1. Go to www.retatrust.org and click the Log In button in the top right hand corner.
 2. Enter your User Name and Password.
 3. Add or confirm your mobile phone number (*new*)
 4. Follow the easy enrollment steps in the Open Enrollment Wizard.
 5. Review and confirm your elections, making changes as necessary.
 6. Print your benefits confirmation statement.



RETA BENEFITS CENTER

- A tool to help you decide which medical plan fits your health care needs
- To access the Reta Benefits Center, simply click Log In at www.retatrust.org.
- From the RBC you can:
 - View and compare the details of benefit plans available to you.
 - Learn about new and existing programs.
 - Use a “decision support” tool to help you choose which medical plan best fits your needs.
 - Connect to the enrollment site to make your choices.
- **Effective immediately, Reta is providing 100% coverage to members for any testing, doctor visits, hospitalization and treatment related to the Coronavirus.**





Anthem PPO-1119

- You get access to a large number of doctors.
- You don't need a referral to see specialists.
- The plan covers services from almost any doctor or hospital, but you pay less when using a doctor from the **preferred provider organization (PPO)** plan.
- EnvisionRx provides the pharmacy benefits.



Your PPO Plan

PPO 750

		In-Network	Out-of-Network
		Anthem PPO Providers	Non-PPO Providers
Deductible			
	Individual / calendar year	\$750	\$1,500
Office visits	Doctor	\$20 copay (deductible waived)	70%*
	Specialist	\$35 copay (deductible waived)	70%*
Other services	Preventive Care	No cost (deductible waived)	70%
	Hospitalization	90%	70%*
	Emergency services (deductible waived)	90% plus \$100 copay waived if admitted	90% plus \$100 copay waived if admitted
	Lab/X-ray	90%	70%*
Out of Pocket Amount	Individual/ Per calendar year	\$3,000	\$6,000





Anthem EPO-1139

- EPO plans combine the flexibility of PPO plans with the cost-savings of HMO plans.
- You won't need to choose a primary care physician, and you don't need referrals to see a specialist.
- You'll have a limited network of doctors and hospitals to choose from. EPO plans don't cover care outside your network unless it's an emergency.
- It's important to know who participates in your EPO plan's network. If you go to a doctor or hospital that doesn't accept your plan, you'll pay all costs.
- EnvisionRx provides the pharmacy benefits.



Your EPO Plan

EPO 1000

		In-Network	Out-of-Network
		Anthem EPO Providers	Non-EPO Providers
Deductible			
	Individual / calendar year	\$1,000	Not covered
Office visits	Doctor	\$25 copay (deductible waived)	Not covered
	Specialist	\$40 copay (deductible waived)	Not covered
Other services	Preventive Care	No cost (deductible waived)	Not covered
	Hospitalization	80%	Not covered
	Emergency services (deductible waived)	80% plus \$200 copay	80% plus \$200 copay
	Lab/X-ray	80%	Not covered
Out of Pocket Amount	Individual/ Per calendar year	\$5,000	Not covered





Anthem HSA-1129

- You will pay for all covered services until you reach your deductible.
- All preventive services received from a network provider are covered at 100%. If you see an out-of-network provider, then your deductible or out-of-network coinsurance responsibility will apply.
- This plan gives you access to a personal account to help pay for eligible health care expenses.
- This money is yours to keep — even if you change plans or leave your employment.
- You can also use your HSA money for dental, vision and prescription drug expenses.
- Anthem provides the pharmacy benefits.



Your HSA Plan

HSA 2500

		In-Network	Out-of-Network
		Anthem HSA Providers	Non-HSA Providers
Deductible			
	Individual / calendar year	\$2,500	\$5,000
Office visits	Doctor	80%	60%
	Specialist	80%	60%
Other services	Preventive Care	No cost (deductible waived)	60%
	Hospitalization	80%	60%
	Emergency services (deductible waived)	80%	80%
	Lab/X-ray	80%	60%
Out of Pocket Amount	Individual/ Per calendar year	\$5,000	\$6,000





Kaiser EPO-4063 Plan

Preventive care at no cost

Because finding and treating problems before they get serious is an important part of staying healthy, you get most preventive care at no cost—even before you reach your deductible.

Preventive care includes:

- Cancer screenings
- Cholesterol and high blood pressure screenings
- Diabetes screenings
- Immunizations
- Routine prenatal care
- Well-child visits



Understanding your costs during preventive care visits

You get preventive care services at no cost or at a copay, depending on your plan. During a preventive care visit, you might find out that you need non-preventive services to treat a condition or test for a problem. If that happens, you might have extra costs. Understanding the difference between preventive and non-preventive care can help you know what's covered and when you might get a bill.

Preventive care is covered at no cost or at a copay

The purpose of preventive care is to help keep you healthy and find problems early. Examples include routine checkups, preventive screenings, and immunizations.

➡ Look on the back for a list of common preventive care services.

Non-preventive care may come with an additional cost

Tests and procedures to diagnose or treat health problems are considered non-preventive, so you may get a bill for them later.* Here are some examples of non-preventive care you could receive during a preventive care visit:

Discussing new symptoms
If you ask your doctor to look at a rash, they might **diagnose the problem**. You may get a bill for an office visit and any treatment you needed.

Unplanned procedures
If your doctor finds a suspicious mole, they may remove it and have it tested. You'll be charged for the **procedure** to remove the mole, and for the test.

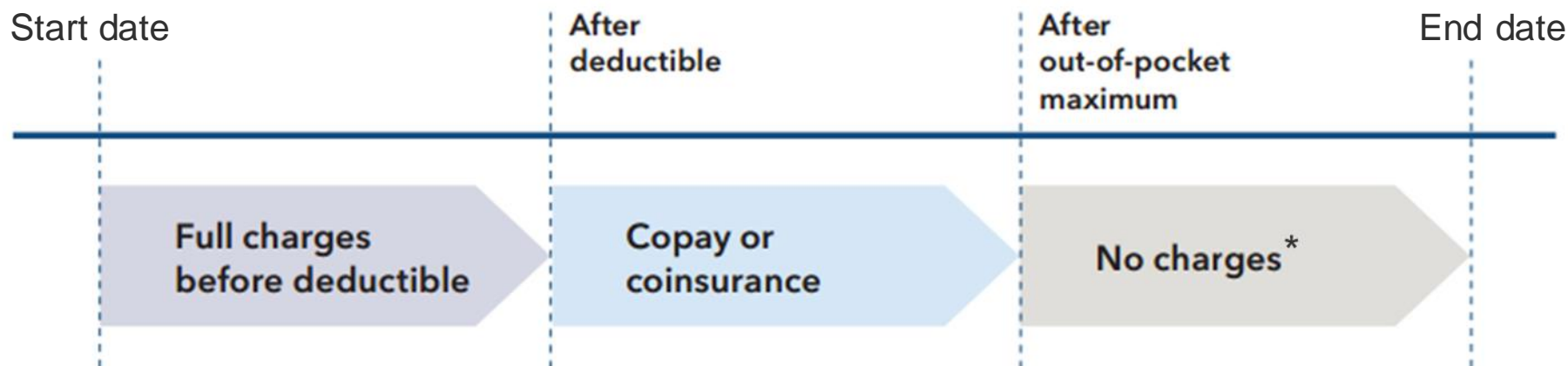
Treatment or testing for existing conditions
If you're taking a new medication, your doctor might order a **lab test** to see if it's working and make sure you're on the right dose.

Treatment or testing for new conditions
If you complain of knee pain, your doctor might order an **X-ray** to see if you have an injury that needs to be treated.

*See your Evidence of Coverage, Summary Plan Description, or other plan documents for information on your benefit coverage.

 KAISER PERMANENTE.

How your deductible plan works

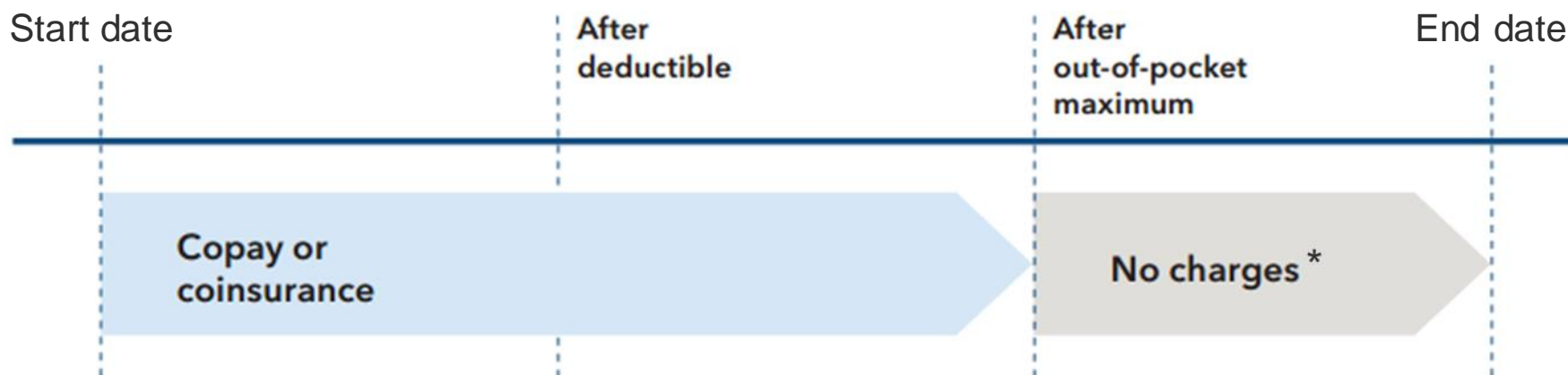


You'll pay full charges for covered services, including **hospital care, X-rays, and lab tests**, before meeting your plan deductible.

After meeting your plan deductible, you'll start paying less for these services — a copay or coinsurance — until you reach your out-of-pocket maximum.

*For a small number of services, you may need to keep paying copays or coinsurance after you reach your out-of-pocket maximum.

How your deductible plan works *(continued)*



You'll pay **copays** for doctor's office visits and prescription drugs — even before you reach your plan deductible.

You'll get preventive care services **at no cost** — even before you reach your plan deductible.

*For a small number of services, you may need to keep paying copays or coinsurance after you reach your out-of-pocket maximum.

Family deductibles and out-of-pocket maximums

If your family is covered under your plan:



- Each family member has an individual deductible, and the family as a whole has a deductible.
- Each family member has an individual out-of-pocket maximum, and the family as a whole has an out-of-pocket maximum.
- Your individual deductible is **\$1000**.
Your family deductible is **\$2000**.
- Your individual out-of-pocket maximum is **\$4000**.
Your family out-of-pocket maximum is **\$8000**.

Highlights of the **Deductible Exclusive Provider Organization (EPO) Plan***

Deductible: \$1,000 individual / \$2,000 family

Out-of-pocket maximum: \$4,000 individual / \$8,000 family

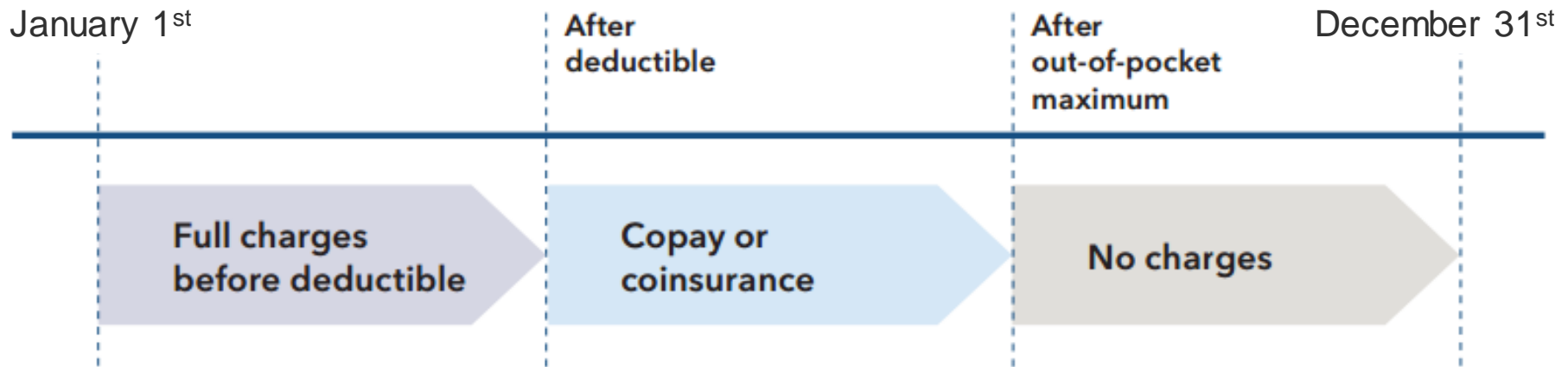
Covered service	You pay
Routine preventive exams & services	No charge
Primary care office visits	\$25 copay
Specialty care office visits	\$25 copay
Lab tests	\$10 copay after deductible
Outpatient surgery	10% coinsurance after deductible
Hospitalization	10% coinsurance after deductible
Urgent care visits	\$25 copay
Emergency Department visits	10% coinsurance after deductible
Generic prescription drugs	\$10 copay (retail)/ \$20 copay (mail order)
Brand-name prescription drugs	\$30 copay (retail)/ \$60 copay (mail order)
Specialty prescription drugs	Follows the generic/brand cost share

*This is just a summary of some examples of covered services and their corresponding copay and coinsurance amounts. Please see your *Evidence of Coverage* for information about coverage, limitations, and exclusions for all benefits, including those not listed in this summary.



Kaiser HSA-4085 Plan

How your deductible plan works



You'll pay full charges for covered services (other than preventive services) until you reach your deductible.

After meeting your deductible, you'll start paying less for these services — a copay or coinsurance — until you reach your out-of-pocket maximum.



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Family deductibles and out-of-pocket maximums

If your family is covered under your plan:



- You have a single, shared family deductible for the entire family.
- Each family member has an individual out-of-pocket maximum, and the family as a whole has an out-of-pocket maximum.
- Your family deductible is **\$2,800**.
- Your individual out-of-pocket maximum is **\$3,000**.
- Your family out-of-pocket maximum is **\$6,000**.



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Highlights of the HSA-qualified Exclusive Provider Organization (EPO) Plan*

Deductible: \$1,400 self-only / \$2,800 family

Out-of-pocket maximum: \$3,000 self-only / \$3,000 family member / \$6,000 family

Covered service	You pay
Routine preventive exams & services	No charge, deductible does not apply
Primary care office visits	\$20 copay, after deductible
Specialty care office visits	\$20 copay, after deductible
Lab tests	\$10 copay, after deductible
Outpatient surgery	\$150 copay, after deductible
Hospitalization	\$250 per admission, after deductible
Urgent care visits	\$20 copay, after deductible
Emergency Department visits	\$100 copay, after deductible
Generic prescription drugs	\$10 copay (retail)/ \$20 copay (mail order), after deductible
Brand-name prescription drugs	\$30 copay (retail)/ \$60 copay (mail order), after deductible
Specialty prescription drugs	Follow the generic/brand cost share

*This is only a summary of some benefits and their copays and coinsurance. Please refer to your employer's *Summary Plan Description* or other Plan documents for more information about coverage, limitations, and exclusions for all benefits, including those not listed in this summary.

Your health benefits will be self-insured by your employer, union, or Plan sponsor. Kaiser Permanente Insurance Company will provide certain administrative services for the Plan and will not be an insurer of the Plan or financially liable for health care benefits under the Plan.

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Comparison At A Glance	Deductible EPO Plan	HSA-Qualified EPO Plan
Has a deductible	\$1,000 Individual \$2,000 Family Some medical services are subject to the plan deductible	\$1,400 Self-only \$2,800 Family Medical and Rx are subject to the plan deductible
Preventive care covered at 100%	Yes Not subject to the deductible	Yes Not subject to the deductible
Telehealth services are covered at 100% (e.g. phone and video visits)	Yes	Yes After the deductible
Option to open a health savings account (HSA)	No	Yes
Care provided through the Kaiser Permanente network	Yes	Yes
Access to kp.org/mobile app	Yes	Yes

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Comparison of your plan options

	Deductible EPO Plan	HSA-Qualified EPO
Deductible	\$1,000 individual \$2,000 family	\$1,400 self-only \$2,800 family
Out-of-pocket maximum	\$4,000 individual \$8,000 family	\$3,000 self-only \$3,000 family member \$6,000 family
Covered service	You pay	You pay
Routine preventive exams & services	No charge	No charge, deductible does not apply
Primary care office visits	\$25 copay	\$20 copay after deductible
Specialty care office visits	\$25 copay	\$20 copay after deductible
Lab tests	\$10 copay after deductible	\$10 copay after deductible
Outpatient surgery	10% coinsurance after deductible	\$150 copay after deductible
Hospitalization	10% coinsurance after deductible	\$250 per admission after deductible

*This is only a summary of some benefits and their copays and coinsurance. Please refer to your employer's *Summary Plan Description* or other Plan documents for more information about coverage, limitations, and exclusions for all benefits, including those not listed in this summary.

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Comparison of your plan options

	EPO	HSA-Qualified EPO
Urgent care visits	\$25 copay	\$20 copay after deductible
Emergency Department visits	10% coinsurance after deductible	\$100 copay after deductible
Generic prescription drugs	\$10 copay (retail)/ \$20 copay (mail order)	\$10 copay (retail)/ \$20 copay (mail order), after deductible
Brand-name prescription drugs	\$30 copay (retail)/ \$60 copay (mail order)	\$30 copay (retail)/ \$60 copay (mail order), after deductible
Specialty prescription drugs	Follows the generic/brand cost share	Follow the generic/brand cost share

*This is only a summary of some benefits and their copays and coinsurance. Please refer to your employer's *Summary Plan Description* or other Plan documents for more information about coverage, limitations, and exclusions for all benefits, including those not listed in this summary.

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Before your visit — getting an estimate

As a member, you can use our online Estimates tool to:

- Get an estimate of how much a treatment, procedure, test, or other medical service will cost
- Track how close you are to reaching your deductible and out-of-pocket maximum

The image displays two overlapping screenshots of the Kaiser Permanente online Estimates tool. The top screenshot shows the main interface with a search bar, a 'Find cost estimate by' section, and a 'My Benefit Summary' table. The bottom screenshot shows a detailed view for 'Knee replacement, full, inpatient', including a description, inpatient procedures, and a breakdown of costs.

Kaiser Permanente - IBM Treatment Cost Calculator

Welcome, NAME.

Find cost estimate by

Your address, Your City, State, ZIP [Change](#)

[SEARCH](#)

Browse by

[Health Topics](#) [A-Z List of Everything](#)

[Diagnostic Tests & X-rays](#) [Inpatient Procedures](#)

My Benefit Summary

Health Plan: KP CA National Business Unit Mid Plan

	Deductible	Out-of-Pocket Max
Plan Coverage:		\$ 1,500
Year-to-Date Spend:		\$ 0
Remaining:		\$ 1,500

[VIEW MY ESTIMATES](#)

Knee replacement, full, inpatient

Prepared for: NAME
Prepared on: July 18, 2018 01:57:12 EDT

Description

Knee joint replacement is surgery to replace a painful damaged or diseased knee joint with an artificial joint (prosthesis). [Learn more](#)

Inpatient Procedures

Average hospital stay: 1 - 2 days

Estimated out-of-pocket costs: \$100

This is only an estimate based on your current benefits. It is not the final cost. It is based on average costs for in-network healthcare providers in Greater Los Angeles CA.

Total estimated costs: \$33,999

Hospital: \$33,999 | Primary Physician: \$0 | Other: \$0

■ Your health plan pays: \$33,899

■ Estimated out-of-pocket costs: \$100

Deductible: \$0 | Copay: \$100 | Co-insurance: \$0

2 of 4

← This estimate considers your benefits and how much you've spent so far in reaching your deductible (if you have a deductible plan). It may not reflect any unprocessed claims. →

► HOW WE CALCULATED YOUR COST ESTIMATE

► HOW THIS TOOL WORKS



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Sutter Health | Aetna

Providing a simplified and holistic member experience designed to support member's health ambition

- **Combined portal to view clinical and insurance information**
- **Personal welcome kits and 24/7 customer service support**
- **Online provider appointment scheduling**
- **Telemedicine and virtual visits**
- **Proactive, coordinated care**
- **interactive tools and resources**



Our network includes:

Primary care, specialists, hospitals, walk-in clinics
and urgent care centers



1,700+
primary
care
doctors



9,400+
specialists



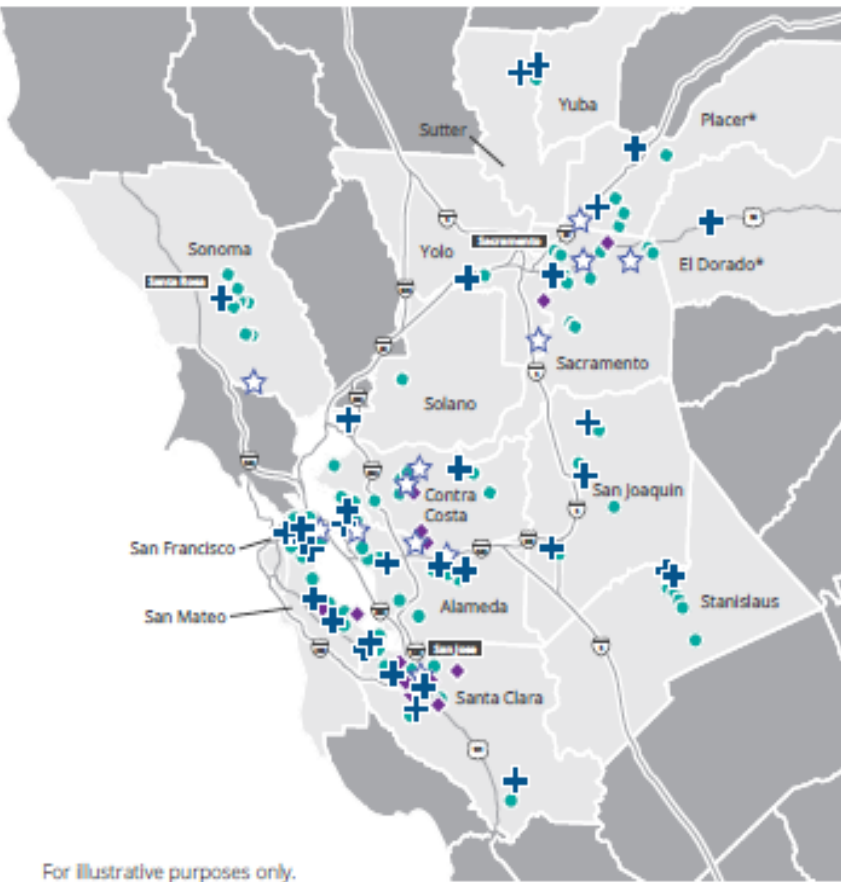
33
hospitals



74
urgent
care
centers



25
walk-in
clinics



For illustrative purposes only.

- ☆ Sutter Walk-in Clinics
- ◆ Retail Walk-in Clinics
- Urgent Care Centers
- + Hospitals

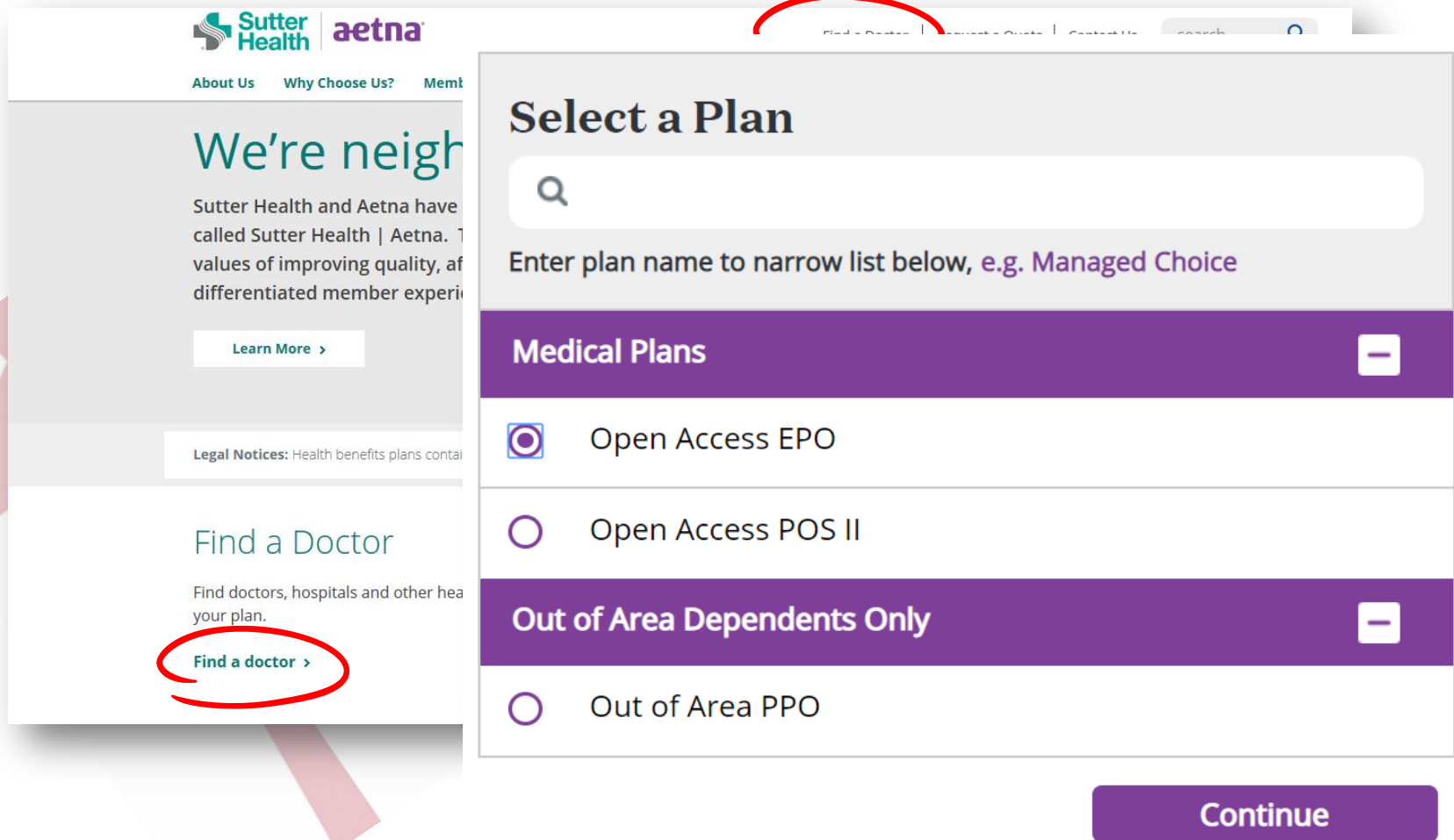
Physician Groups

Counties	Physician Group
Alameda & Contra Costa	Sutter East Bay Medical Foundation
Alameda, Contra Costa, San Mateo & Santa Clara	Palo Alto Medical Foundation
El Dorado, Placer, Sacramento, Solano, Sutter, Yuba & Yolo	Sutter Medical Foundation
San Francisco	Brown & Toland Physicians
San Mateo & Santa Clara	Stanford Health Care
San Francisco & Sonoma	Sutter Pacific Medical Foundation
San Joaquin & Stanislaus	Sutter Gould Medical Foundation



How do I find a Sutter Health | Aetna doctor?

Visit www.sutterhealthaetna.com



The screenshot displays the Sutter Health | Aetna website. The header includes the Sutter Health and Aetna logos, with navigation links for 'About Us', 'Why Choose Us?', and 'Members'. The main content area features a 'We're neighbors' section with a 'Learn More >' button. Below this is a 'Find a Doctor' section with the text 'Find doctors, hospitals and other health care providers in your plan.' and a red circle around the 'Find a doctor >' link. To the right, a 'Select a Plan' modal is open, showing a search bar and a list of plan options: 'Medical Plans' (with a minus sign), 'Open Access EPO' (selected with a radio button), 'Open Access POS II' (unselected with a radio button), 'Out of Area Dependents Only' (with a minus sign), and 'Out of Area PPO' (unselected with a radio button). A 'Continue' button is at the bottom right of the modal.

Sutter Health | aetna

About Us Why Choose Us? Members

We're neighbors

Sutter Health and Aetna have joined forces to create a new health plan called Sutter Health | Aetna. Together, we're committed to the values of improving quality, affordability, and differentiated member experience.

[Learn More >](#)

Legal Notices: Health benefits plans contain important information.

Find a Doctor

Find doctors, hospitals and other health care providers in your plan.

[Find a doctor >](#)

Select a Plan

Enter plan name to narrow list below, e.g. Managed Choice

Medical Plans

- ☒ Open Access EPO
- ☐ Open Access POS II

Out of Area Dependents Only

- ☐ Out of Area PPO

[Continue](#)

How do I find a Sutter Health | Aetna doctor?

What do you want to search

Q PCP

Choose a result below to finish your search

Specialists & Specialty Types

Primary Care Physician (PCP)

Can't find what you're looking for?

- Check your spelling
- Increase your search radius, or change your location
- We only show providers who participate with your plan
- Search term isn't available. Change your term or specialty

Maximum Savings

1.48 miles

Maximum Savings - This provider provides maximum savings for you

★★★★★
542 rating(s) »

Padilla, David A., MD »

✓ In Network

Provider ID #: 4503634

568 North Sunrise Avenue
Suite 250
Roseville, CA 95661

(916) 865-1140

Specialties: Internal Medicine; Pediatrics

☐ Add to compare

[Report Incorrect Information »](#)

Maximum Savings

1.48 miles

Maximum Savings - This provider provides maximum savings for you

☆☆☆☆☆
0 rating(s) »

Wood, Stephanie A., MD »

✓ In Network

Provider ID #: 9317439

568 North Sunrise Avenue
Suite 250
Roseville, CA 95661

(916) 865-1140

Specialties: Family Practice

☐ Add to compare

[Report Incorrect Information »](#)

Maximum Savings

1.48 miles

Maximum Savings - This provider provides maximum savings for you

★★★★★
478 rating(s) »

Doolittle, John K., MD »

✓ In Network

Provider ID #: 7419236

568 North Sunrise Avenue
Suite 250
Roseville, CA 95661

(916) 865-1140

Specialties: Family Practice

☐ Add to compare

[Report Incorrect Information »](#)




Medical Benefits at a glance

	In-Network	
Annual Deductible Employee Only Family	\$1,000 \$2,000	
Annual Out-of-Pocket Maximum Employee Only Family	\$5,000 \$10,000	
What the plan pays for covered services Preventive Care	100%	
Doctor Visits Specialist Visits	\$25 Copay \$40 Copay	
Urgent Care Emergency Care	\$50 Copay \$200 Copay	
Hospital (inpatient and Outpatient)	20%; after deductible	



Prescription Drug Benefits at a glance



		In-Network	
Preferred Generic Drugs	Retail	\$10 copay	
	Mail Order	\$20 copay	
Preferred Brand-Name Drugs	Retail	\$30 copay	
	Mail Order	\$60 copay	
Non-Preferred Generic and Brand -Name Drugs	Retail	\$50 copay	
	Mail Order	\$100 copay	
Specialty Drugs		\$50 copay	





GI Thrive by Vivante Health

- All-in-one program for chronic digestive disorders, to help members manage their gastrointestinal diseases
- Includes: nutrition management, medication optimization and 24/7 expert support
- Available for enrolled Anthem, Aetna and Kaiser members
- It's covered at 100%, no cost to you





Surgical Benefits by BridgeHealth

- Supplemental surgery benefit for planned, non-emergent procedures
- The most common covered procedures include: bariatric, cardiac, general, orthopedic, spine and women's health
- Available for enrolled Anthem and Aetna members
- No additional cost





Livongo Diabetes Program

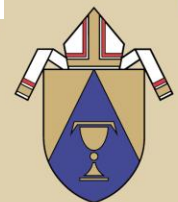
Effective July 1, 2020

- A diabetes management benefit at no cost for members and covered dependents over the age of 13 who are diagnosed with Type 1 or Type 2 diabetes
- Participating in Livongo includes:
 - Your own advanced meter
 - Unlimited strips at no cost to you and delivered to your door
 - On-demand coaching anytime
- Available for enrolled Anthem and Aetna members



DELTA DENTAL BENEFITS

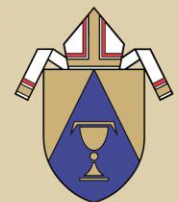
BENEFIT DESCRIPTION	LOW OPTION		HIGH OPTION	
	PPO	NON-PPO	PPO	NON-PPO
Annual Deductible - Individual / Family Max.	\$50 (x3)		\$50 (x3)	
Deductible Waived for Preventive Services	Yes		Yes	
Preventive Services	100%	100%	100%	100%
Basic Services	90%	80%	90%	80%
Major Services (includes Implants)	60%	50%	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				



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			

Please note: VSP does not send ID Cards, as they aren't required for services. All you have to do is give your information when you check in for your eye exam and your eye doctor will pull up your benefits. However, a card is available on vsp.com, if you'd like something to hold on to for reference.



SUN LIFE FINANCIAL BENEFITS

- Employees eligible for group benefits are automatically enrolled in Life, AD&D and LTD at no cost
- What the Plans Cover:
 - Life Insurance: \$25,000
 - Accidental Death & Dismemberment (AD&D): \$25,000
 - Long Term Disability: 60% of covered earnings
- Reduction schedule for Life/AD&D: At age 70 reduces by 50%



SUN LIFE FINANCIAL BENEFITS (CONT.)

Voluntary Life & Dependent Life

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

SUN LIFE FINANCIAL VOLUNTARY LIFE BENEFIT DESCRIPTION

Voluntary Life Amount	Employees may elect units of \$10,000
Voluntary Life Maximum	\$500,000 not to exceed 10 times your annual earnings
Reduction of Life & AD&D Insurance	Reduced by 33% at age 70 and an additional 22% at age 75, rounded to the next highest \$1,000
Accidental Death & Dismemberment Benefit	If elected, coverage automatically doubles your benefit if death is due to an accident
Spouse Amount	Increments of \$5,000, up to the lesser of 100% of the employee's amount or \$250,000
Child Amount	Live birth to less than 26 years Increments of \$1,000, up to \$10,000 The dependent child amount cannot exceed 100% of the employee amount



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 \$0.15 for \$1,000
Monthly Rate \$0.75 for \$5,000
 \$1.50 for \$10,000

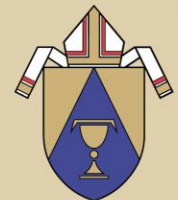
ACCIDENTAL DEATH & DISMEMBERMENT RATES

Employee Monthly Rates Per \$1,000 of Benefit	\$0.02
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*GUARANTEE ISSUE AMOUNT

Employee	Spouse	Child
\$200,000	\$50,000	\$10,000

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



Evidence of Insurability (EOI): https://www.scd.org/sites/default/files/2019-05/EOI%20form_0.pdf

EMPLOYEE ASSISTANCE PROGRAM (EAP)

- The Employee Assistance Program is provided by ComPsych® GuidanceResources and offers counseling, legal and financial consultation, work-life assistance and crisis intervention services to all employees and their household family members.
- EAP is strictly confidential. No information about your participation in the program is provided to your employer.
- You receive counseling through the EAP up to 3 sessions per issue, per person, per calendar year. You can then set up an appointment to speak with the counselor over the phone or schedule a face-to-face visit.
- Contact Information:
 - Call: 877.595.5281
 - TDD: 800.697.0353
 - online: guidanceresources.com
 - App: GuidanceResources® Now
 - Web ID: EAPBusiness



TRAVEL EMERGENCY ASSISTANCE

- Travel assistance program and ID-theft protection services provided by Assist America
- This travel emergency assistance program immediately connects you to doctors, hospitals, pharmacies and other services if you experience a medical or non-medical emergency while traveling 100 miles away from your permanent residence, or in another country.
- If you require assistance when traveling 100 miles from your permanent residence, or in another country, call Assist America's Operations Center at:
 - **+1 609 986 1234** (outside USA - Collect Call)
 - **+1 800 872 1414** (inside USA - Toll Free)
 - email at: medservices@assistamerica.com
 - **Reference # 01-AA-SUL-100101**



WHAT'S CHANGING FOR 2020?

- Actwise is the new Anthem HSA banking vendor replacing HealthEquity
 - Anthem members enrolled in a High Deductible Health Plan will be automatically sent to Actwise for an H.S.A bank account
 - Members will receive the following:
 - *Welcome Kit*
 - *New Actwise debit card*
 - *New Anthem ID card*
- Further information will follow soon



WHAT'S CHANGING FOR 2020?

(CONT.)

- Health Equity is the new Kaiser HSA banking vendor replacing Wex (*administered through Kaiser*)
 - Kaiser members enrolled in a High Deductible Health Plan will be automatically sent to Health Equity for an H.S.A bank account
 - Members will receive the following:
 - *Welcome Kit*
 - *New Health Equity debit card*
- Members may keep HSA funds with Kaiser, but there are some changes to be aware of (*review next slide*)
- Kaiser members wishing to transfer their HSA funds to HealthEquity must complete a Distribution Request/Account Closure Form



Keeping your Account

- If you choose to keep your HSA, there's no action you need to take, but there are some changes to be aware of.
- What's staying the same?
 - **Health Payment Card** — Use it like you do today to pay for care
 - **KP Balance Tracker app** — Same on-the-go access
 - **Health Payment Services** — Same great customer service
- What's changing?
 - **Health Payment Online Portal** — You'll still have 24/7 access to your HSA online, but you'll need to log in through a new location: **kp.org/healthexpense**.
 - Log in using the same username and password you use for the KP Balance Tracker app. If you haven't used the Balance Tracker app:
 - Your first time username and password will both be: the first initial of your first name, plus your first name, plus the last 4 of your Social Security number.
 - **Monthly administrative fee** — \$3.25, paid directly from your HSA - waived for any months where your average daily balance is \$2,000 or more.



KAISER PERMANENTE®

Kaiser Permanente Insurance Company

Closing your Account

- If you choose to close your HSA and want to transfer your money to a new HSA:
 1. Complete the **Distribution Request/Account Closure Form** and return it to **Julianna Aguilera** by June 1, 2020.
 2. In **Step 2** of the form:
 - Select **Transfer** as the type of distribution
 - Make the **Transfer Check Payable to:** **Health Equity**
 - In the **Mail Check to:** fields, enter:

Health equity
Attn: Account Transfers
15 W. Scenic Pointe Drive
Draper, UT 84020
 3. Your form will be submitted to Kaiser Permanente on your behalf.
 4. Beginning **July 15, 2020** you'll no longer have access to your HSA, and your HSA will be closed by **July 29, 2020**.
 5. Your money should be available in your HealthEquity HSA by **July 30, 2020**.



KAISER PERMANENTE®

Kaiser Permanente Insurance Company

RETA TRUST HEALTH AND WELLNESS PROGRAM

- Reta Trust has partnered with WebMD to offer Reta members an opportunity to build their own personalized path to wellness and the potential to earn **up to \$350 in rewards** by simply participating!
- **Members will have access to:**
 - Health Risk Assessment
 - Health and Wellness Coaching
 - Wellness Challenges
 - Online Health Assistant Tools
 - Biometric Screenings/Preventative Exam Rewards and MUCH MORE!



2020 REWARDS PROGRAM

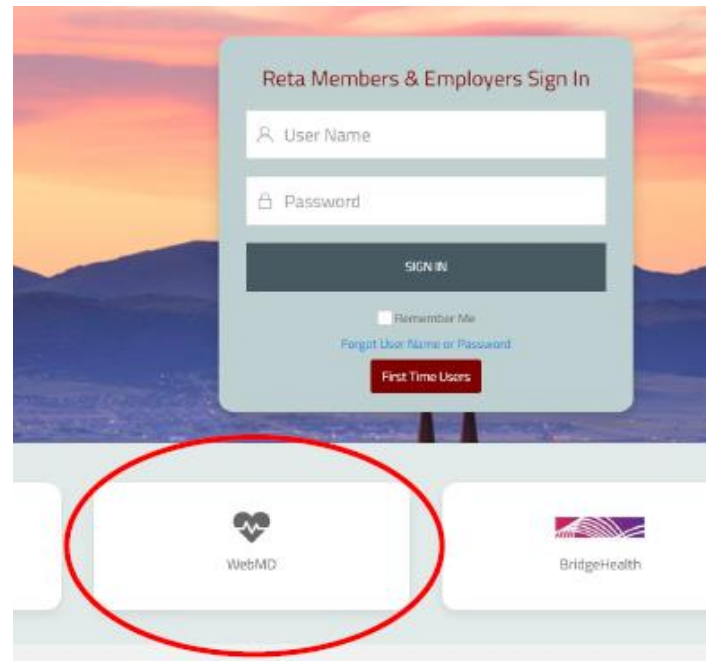
1)HQ Plus Reward: \$50 + Fitbit Versa LITE

- Complete the HQ
- Set a My Health Assistant Goal
- Certify Tobacco Free on HQ OR Complete 1 Coaching Call if Tobacco User

2)Engage in Your Health Reward: \$300

- **Total Reward Potential: \$350 + Fitbit Versa LITE**

Reta Members can visit **www.retatrust.org** and click the **Log In** button in the upper right. Click WebMD and enter RetaEnroll credentials.



WEIGHTS WATCHERS (WW)

PROGRAM OFFERING

- Members and spouses enrolled in a Reta medical plan are eligible to join WW at no cost.
- Sign up for WW by visiting ww.com/us/wwhs and entering **Reta Trust Employee ID:14573524**
- WW Memberships automatically renew each month until a member cancels or is no longer enrolled in their Retamedical-benefitted health plan.
- Reta Trust registrants who were already a WW member will be able to link their current account during the enrollment process. If a member was currently a WW member through Reta Trust, they will not need to re-enroll.
- All participants can sign up (or cancel) any time.



CUSTOMER SERVICE CONTACT NUMBERS

- WebMD Customer Service
(866) 302-6343
 - WebMD portal registration issues
 - Username or password issues for spouses
 - Rewards questions
 - Assistance completing the Heal Quotient (HQ)
 - Requests for paper HQ
 - Questions about the Health Coaching
- SwiftCustomer Service
(866-230-3809)
 - Visa pre-paid card issues
 - Lost pre-paid cards
- FitbitCustomer Service
(877-623-4997)
 - Device Issues
 - Fitbit username/password issues
- WWCustomer Service
(866-204-2885)
 - Registration Issues
 - Username/password issues



BENEFITS MATERIALS ON WEBSITE

- Available online at: <https://www.scd.org/lay-personnel/employee-benefit-materials>

Employee Benefit Materials

Most materials posted on this page are available in Adobe Portable Document Format (PDF). To view these materials, you will need Adobe Acrobat Reader. This software can be downloaded at [x](#)

- OPEN ENROLLMENT MATERIALS
 - [2020-21 Diocese Lay Benefit Booklet & Rate Sheet](#)
 - [2019-20 Diocese Lay Benefit Booklet & Rate Sheet](#)
 - [Reta Trust User Guide \(Obtain User ID and Password\)](#)
 - [Open Enrollment FAQ](#)
 - [Sun Life Financial Enrollment Packet](#)
 - [Bridge Health Benefit](#)
 - [New Employee Assistance Program \(Effective July 1, 2019\)](#)
- [Travel Assistance Program](#)



CONTACT INFORMATION

Anthem Blue Cross	www.anthem.com/ca (888) 722-1077
Kaiser	www.kp.org (800) 533-1833
Sutter Health AETNA	www.sutterhealthaetna.com (866) 243-9776
Health Equity HSA	www.healthequity.com/ (877) 713-7712
EnvisionRX	www.envisionrx.com (844) 852-7437
Delta Dental	www.dentalins.com (800) 765-6003
VSP	www.vsp.com (800) 877-7195
Life Financial	www.sunlife.com (800) 247-6875
EAP Services	www.guidanceresources.com (877) 595-5281
Travel Assistance Services	www.assistamerica.com (800) 872-1414 inside USA - Toll Free (609) 988-1234 outside USA - Collect Call
Reta Trust	www.retatrust.org (877) 303-7382



WRAP –UP AND QUESTIONS?



Register by May 1st and enter to win raffle prizes! Visit the following link to register:

<https://www.surveymonkey.com/r/PASTORALCENTEROE>

If you have any questions, please feel free to contact me by phone at 916.733.0282 or by email at jaguilera@scd.org.

