



DIOCESE OF
SAN JOSE

**2025-2026
Benefit Plan Year**



**The Benefits
Open Enrollment
will be from
May 6 to May 20, 2025**

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ARCHBISHOP MITTY HIGH SCHOOL

What's New This Open Enrollment

The Diocese of San José is committed to providing all eligible employees with affordable, quality healthcare and an overall competitive benefits package. Here are what you can expect during the 2025-2026 open enrollment.

- **Premium increase** - Health care costs continue to climb and DSJ received an increase of 10.6% for Blue Shield Plans and 4% for Kaiser Plans. The premium increase is applied to both the DSJ Employer/Location share and the Employee share.
- **Detailed description** - This year, we are providing a detailed description of each of the health plan options. It shows the plan design, the pro's and con's of the plan, and a lot more information which can better assist you in your plan selection.
- **Flexible Spending Account (FSA)** - The FSA-Health Care limit is increasing to \$3,300.00 (IRS limit) This allows you to put pre-tax money into the account and empowers you to better manage and cover certain out-of-pocket health care costs. **YOU MUST RE-ENROLL EVERY YEAR.**

How to Enroll

Passive Enrollment

- You are not required to re-enroll if you opt to retain your current medical plans and voluntary life insurance coverage elections.
- You are required to re-enroll
 - ▶ If you opt to make changes in your medical plan and voluntary life insurance coverage elections. This is an opportune time to consider making changes because of the substantial increase in the medical plan premium costs.
 - ▶ If you have a Flexible Spending HealthCare and/or Dependent Day Care Account.

If you wish to make changes follow the steps below:

Step 1: Go to www.retatrust.org

Step 2: Log in with username/password (reset if needed)

Step 3: Review plans and make selections

Step 4: Print/save confirmation

Benefit Plan Options and Premium Schedule

Benefits Deduction Schedule for 12 months July 1, 2025- June 30, 2026
Rates and Health Medical Plans are Bundled with Dental and Vision Coverage

Deductions (on 24 pay periods) 7/1/25 - 6/30/26. Rates reflect per pay period contribution.

HEALTH PLAN	EE Only	EE+ Spouse	EE+ Children	EE+ Family
Blue Shield PPO	\$124.89	\$578.55	\$429.65	\$740.98
Blue Shield EPO	\$84.85	\$515.42	\$382.31	\$660.63
Blue Shield High Deductible HSA	\$9.87	\$255.59	\$187.43	\$329.94
Blue Shield High Performance Network (HPN)	\$50.20	\$344.31	\$253.98	\$442.86
Kaiser EPO	\$20.06	\$261.58	\$196.18	\$332.91
Kaiser High Deductible HSA	\$8.27	\$34.48	\$25.85	\$43.87

Benefits Deduction Schedule for 10 months July 1, 2025- June 30, 2026
Rates and Health Medical Plans are Bundled with Dental and Vision Coverage

Deductions (on 18 pay periods) 9/1/25 - 5/31/26. Rates reflect per pay period contribution.

Important: Your annual benefit premium will be collected within a 9-month period, between September 1st through May 31st (18 pay periods)

HEALTH PLAN	EE Only	EE+ Spouse	EE+ Children	EE+ Family
Blue Shield PPO	\$166.53	\$771.40	\$572.87	\$987.98
Blue Shield EPO	\$113.13	\$687.22	\$509.74	\$880.84
Blue Shield High Deductible HSA	\$13.17	\$340.79	\$249.91	\$439.92
Blue Shield High Performance Network (HPN)	\$66.93	\$459.08	\$338.64	\$590.49
Kaiser EPO	\$26.75	\$348.78	\$261.58	\$443.88
Kaiser High Deductible HSA	\$11.03	\$45.97	\$34.46	\$58.49

Benefits Eligibility Rules

- All regular employees scheduled to work 30+ hours per week.
- Eligible dependents: spouse (as defined by state law), and children under age 26.
- Employees who plan to add their dependents to the DSJ health plan must provide documentation of dependent eligibility during enrollment for dependent's 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 Plan Summary.

Once enrollment closes, you can only enroll when you experience a **Qualified Life Event** Change as defined by the IRS Section 125 Guidelines. This can be any of the following: a Birth or an Adoption, Marriage, Divorce, Death of a Spouse or Dependent, Child loses eligibility because of age or marriage, or Employee's spouse gains or loses coverage through employment. The employee needs to enroll with RetaTrust and submit the required documentation within **30 days from the event date**.

2025- 2026 Benefit Plans Breakdown

DSJ benefits are bundled - you must enroll in a medical plan in order to obtain dental & vision coverage.

HEALTH PLAN OPTIONS

*Kaiser	*Kaiser High Deductible (HD)	*Blue Shield PPO	*Blue Shield EPO	*Blue Shield High Deductible (HD)	*Blue Shield High Performance Network (HPN)
Kaiser Vision	Kaiser Vision	VSP Vision	VSP Vision	VSP Vision	VSP Vision
Kaiser Prescription	Kaiser Prescription	CVS Caremark Prescription	CVS Caremark Prescription	CVS Caremark Prescription	CVS Caremark Prescription
Delta Dental	Delta Dental	Delta Dental	Delta Dental	Delta Dental	Delta Dental

*Waive Medical- No vision/prescription or dental provided

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

ADDITIONAL CORE BENEFITS	LIFE INSURANCE, AD&D, LONG TERM DISABILITY	<p>DSJ pays 100% of the premium at no cost to the employee.</p> <p>Your beneficiary will receive 1x basic annual earnings to a maximum of \$125,000.00. Provides a cash benefit to help ensure your loved ones remain financially secure in the event of your death or a covered accident. Benefit reduction commencing at age 65.</p> <p>LTD is intended to help replace some of your income for an extended period when you cannot work because of a disability. Elimination Period of 180 days. Monthly benefit of 70% of monthly salary up to \$5,000 per month. Integrated with other disability benefits you may receive.</p>
	<p>Term Life and Accidental Death and Dismemberment (AD&D) insurance</p> <p>Long-term disability (LTD) insurance</p>	

VOLUNTARY OPTIONS WITH RETA TRUST	ADDITIONAL LIFE INSURANCE, ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)	Voluntary Life and AD&D plans are available to all new hires and during the open enrollment period. Coverage is available to employees and eligible dependents. Cost of these plans are 100% paid by the employee. Benefit reduction commencing at age 65. Spouses life insurance ends when employee turns 70.
	FLEXIBLE SPENDING ACCOUNT (FSA)	The money you set aside in FSA is not subject to federal income or Social Security tax.
	<p>Health Care Flexible Spending (FSA Health)</p> <p>Dependent Day Care Flexible Spending (FSA Dependent Day Care)</p>	<p>FSA Health allows you to set aside a portion of your salary, before tax, to reimburse amounts for eligible medical expenses. The contribution may not exceed \$3,300.</p> <p>FSA Dependent Day Care allows you to set aside a portion of your salary, before tax, to reimburse amounts spent for eligible dependent day care, necessary for you, and if you are married, your spouse, to work or look for work. Under federal tax law. The maximum annual contribution may be up to \$5,000 (\$2,500 maximum if you are married, filing separate income tax returns).</p>

DSJ 403(b) RETIREMENT Savings Plan	As an employee of the Diocese of San Jose, you are eligible to participate in the Diocese of San José 403(b) Retirement Plan to save for your retirement. USI is the recordkeeper of the DSJ 403(b) Retirement Plan effective 7/1/25.
	<ul style="list-style-type: none"> DSJ contribution of 3% for benefits eligible employee Plan automatically enrolls benefits eligible lay employees at 3% of compensation; may elect a higher percentage or may elect to opt-out of the Plan DSJ Matching 403(b) contributions for benefits eligible lay employees- The Diocese of San Jose will match 100% up to 3%. Employee Contributions to the Plan-Traditional (Pre-Tax) and Roth (After-tax) Contributions or a combination of the two deferrals. <p>For more information, please contact DSJ Benefits Office at benefits@dsj.org.</p> <p>Benefits Ineligible employees can participate but will not receive DSJ contributions.</p>

Kaiser Exclusive Provider Organization (EPO) Plan

Kaiser	
PLAN DESIGNS	Kaiser EPO
Annual Out-of-Pocket Maximum for Certain Services	
For any one Member in the same Family Unit. No Coverage out of network	\$1,500 per calendar year
For an entire Family Unit of two or more Members. No Coverage out of network	\$3,000 per calendar year
In Network Deductible per Calendar Year	None
Professional Services	
Office Visit Co-payments	\$15 per visit
Preventive Services	100%
Well Child Care (Birth to age 2)	100%
Outpatient Services	
Outpatient surgery	\$15 per procedure
Allergy injection visits	\$5 per visit
X-rays and lab tests	No Charge
MRI, CT and PET	No Charge
Inpatient Services	
Room and board, surgery, anesthesia, X-rays, lab tests, and drugs	\$250 per admission
Non-preauthorized admissions	Required
Emergency Health Coverage	
Emergency Department visits	\$100 per visit (does not apply if admitted directly to the hospital as an inpatient)
Urgent Care visit	\$15/visit
Prescription Drug Coverage	
Retail Pharmacy - up to 30 day supply	\$10 Generic \$20 Brand
Mail-order Pharmacy - up to 90 day supply	Mail-order Pharmacy Same as retail
Durable Medical Equipment	
Covered durable medical equipment for home use in accord with our DME formulary	20% Coinsurance

What is the Kaiser EPO plan?

EPO stands for “Exclusive Provider Organization” You are only covered for medical services received from providers within the Kaiser EPO’s network, **under the Kaiser EPO medical services can only be obtained by a Kaiser physician at a Kaiser facility & hospital**, unless it’s a medical emergency

The Kaiser EPOs is a good option for people who are adaptable to the Kaiser Permanente “integrated care model” meaning doctors, hospitals, and health plans are all part of one team/one network. All medical services and prescriptions are provided **at a Kaiser facility by a Kaiser physician**, there is no out-of-network coverage. The Kaiser EPO offers a balance between cost and flexibility.

Kaiser EPO Pros & Cons

Advantages

- **Lower costs** – Kaiser EPO plan has lower premiums compared to the Blue Shield PPO and EPO plans.
- Kaiser EPOs offers a broad range of Kaiser Facilities, Physicians and Hospitals
- You typically do not need a referral to see specialists within the Kaiser network.
- There is **no deductible** on the Kaiser EPO plan
- In an emergency, your care is covered. Coverage is provided for medical emergency care received from out-of-network doctors or hospitals.
- DSJ offers a Blue Shield EPO plan **and** a Kaiser EPO plan

Disadvantages

- **You must obtain all medical services by a Kaiser doctor and at a Kaiser facility**
- Kaiser EPOs doesn’t cover out-of-network care, except in emergencies.
- You may need to change doctors to a Kaiser care provider.
- Annual Includes Deductible & Out-of-Pocket Maximum per calendar year:
 - **Deductible** \$0 Individual - \$0 Family
 - **Out-of-Pocket Limit:**
 - Individual \$1,500 **No Coverage out of network**
 - For an entire Family Unit of two or more \$3,000 **No Coverage out of network**

Kaiser EPO Networks

Kaiser Permanente is one team/one network of Northern California Kaiser Facilities, Physicians and Hospitals. Employees and dependents enrolled in the Kaiser EPO plan, must obtain all medical services and prescriptions at a Kaiser facility. For complete list of providers please visit www.kaiserpermanente.org

For assistance, please contact

Kaiser at 800-663-1771 - www.kp.org - EPO Medical Group #8441

What is a deductible? A health insurance deductible is the amount of money you must first pay for medical expenses before the plan begins to pay. If you have other family members on the plan each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.

What is out-of-pocket limit? The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met

Deductibles and out-of-pocket limit reset each Calendar Year.

Visit www.retatrust.org for Plan Summary and Evidence Coverage Booklets

Disclaimer: This outline is for use as a reference only and is a summary of benefits. All benefits referenced are subject to any applicable exclusions and/or limitations.

Kaiser High Deductible (HD) Plan

Kaiser	
PLAN DESIGNS	Kaiser HD (High Deductible)
Annual Out-of-Pocket Maximum for Certain Services	
For any one Member in the same Family Unit. No Coverage out of network	\$2,000 Individual
For an entire Family Unit of two or more Members	\$3,000 Family
In Network Deductible per Calendar Year	Out-of-Pocket Limit: \$3,000 Individual , \$6,000 Family
Professional Services	
Office Visit Co-payments	Primary and Specialist \$30 /visit In-network; out-of-network not covered
Preventive Services	No charge, deductible does not apply. . Out of network not covered.
Well Child Care (Birth to age 2)	No charge, deductible does not apply. . Out of network not covered.
Outpatient Services	
Outpatient surgery	Facility fee; Physician, surgeon fee; Emergency Room Care fee: \$150/ fee In-network; out-of-network not covered
Allergy injection visits	\$30 copay per visit
X-rays and lab tests	\$10/visit
MRI, CT and PET	\$10/scan
Inpatient Services	
Room and board, surgery, anesthesia, X-rays, lab tests, and drugs	Facility fee: \$250/admission, Physician/surgeon Fee: \$250/admission
Non-preauthorized admissions	Required
Emergency Health Coverage	
Emergency Department visits	Emergency Room: \$100/visit, Transport: \$250/trip (does not apply if admitted directly to the hospital as an inpatient)
Urgent Care visit	\$30/visit (covered when temporarily outside the service area)
Prescription Drug Coverage	
Retail Pharmacy - up to 30 day supply	\$10 Generic \$30 Brand
Mail-order Pharmacy - up to 90 day supply	\$20 Generic \$60 Brand
Durable Medical Equipment	
Covered durable medical equipment for home use in accord with our DME formulary	20% Coinsurance

What is the Kaiser High-Deductible Health Plan (HDHP)?

A **High-Deductible Health Plan (HDHP)** is a health insurance plan with a **high annual deductible and lower premiums**. The Kaiser HDHP is intended to help you save money for future medical expenses. People who are in good health and don't need a lot of healthcare benefit from enrolling in a HDHP.

To qualify for an HSA, you must meet the following requirements:

- **Not covered** by other health insurance
- **Not enrolled** in any part of Medicare (Parts A, B, C, or D)
- **Not eligible** to be claimed as a dependent on someone else's tax return

Kaiser High-Deductible Health Plan (HDHP) Pros & Cons

Advantages

- **Lower premiums for employee & dependents, much lower than EPO or PPO plans.**
- **You receive a \$1,200 contribution subsidy from the Diocese of San Jose to your HSA account (\$50 per pay period)**
- All the funds in the HSA account are always yours even if you leave DSJ.
- No 'use-it-or-lose-it,' keep your HSA forever, your HSA balance rolls over every year
- Using the funds in your HSA to pay for expenses before you reach your deductible can reduce your overall healthcare costs.
- The Kaiser HDHP protects you against catastrophic out-of-pocket expenses for covered services.
- The Kaiser HDHP is combined with an HSA, which allow you to set aside tax-exempt money for medical expenses.
- **If you qualify to have a Health Savings Account (HSA),** you can make voluntary pre-tax contributions into your HSA to cover allowable medical expenses (including the annual out-of-pocket maximum and other expenses which may not be covered by the medical plan).
- DSJ offers a Blue Shield **and** a Kaiser HDHP plans both with HSA
- For 2025 the IRS Healthcare Savings Account (HSA) contribution limits are: \$4,300 for individuals and \$8,550 for family coverage.

Disadvantages

- **You must pay the deductible amount before insurance pays** for covered services, including for prescriptions.
 - **Deductible:** \$2,000 Individual - \$3,000 Family
 - **Out-of-Pocket Limit:** \$3,000 Individual - \$6,000 Family
- You must obtain all medical services by a Kaiser doctor and at a Kaiser facility
- After you meet your deductible, you pay the coinsurance cost for In Network and Out of Network services. Out-of-Pocket Limit: \$3,000 Individual, \$6,000 Family

For assistance, please contact
HSA Kaiser Services at 866-346-5800

What is a deductible? A health insurance deductible is the amount of money you must first pay for medical expenses before the plan begins to pay. If you have other family members on the plan each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.

What is out-of-pocket limit? The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met

Deductibles and out-of-pocket limit reset each Calendar Year.

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Blue Shield Preferred Provider Organization (PPO) Plan

Blue Shield	
PLAN DESIGNS	BS PPO Plan 5001 PPO 100/80
Annual Out-of-Pocket Maximum (Includes Deductible & Co-Insurance) per calendar year	
For any one Member in the same Family Unit	\$100 In network \$2,800 Out of network
For an entire Family Unit of two or more Members	\$200 In network \$5,600 Out of network
In Network Deductible per Calendar Year	\$100 Ind, \$200 Fam-In Network \$300 Ind, \$600 Fam -Out of Network
Professional Services	
Office Visit Co-payments	\$15 Copay In network (deductible waived), 20% Out of network
Preventive Services	No Copay In network (deductible waived), 20% Out of network
Well Child Care (Birth to age 2)	No Copay In network (deductible waived), 20% Out of network
Outpatient Services	
Outpatient surgery	No Copay In network/ 20% Out of network
Allergy injection visits	No Copay In network, 20% Out of network (deductible waived) \$20 Office Visit may apply
X-rays and lab tests	No Copay In network / 20% Out of network
MRI, CT and PET	No Copay In network/ 20% Out of network
Inpatient Services (\$100 deduct non-preauthorized hospitalization)	
Room and board, surgery, anesthesia, X-rays, lab tests, and drugs	No Copay In Network 20% Out of Network
Non-preauthorized admissions	Required
Emergency Health Coverage (\$100 deductible is waived if admitted to hospital directly from ER)	
Emergency Department visits	\$100 per visit In & Out of Network
Urgent Care visit	\$15 Copay
Prescription Drug Coverage	
Retail Pharmacy - up to 30 day supply	\$10 Generic \$20 Preferred Brand \$40 Non-Preferred Brand
Mail-order Pharmacy - up to 90 day supply	\$20 Generic \$40 Preferred Brand \$80 Non-Preferred Brand
Durable Medical Equipment	
Covered durable medical equipment for home use in accord with our DME formulary	0% In network/ 20% Out of network

What is a Blue Shield PPO plan?

PPO stands for "Preferred Provider Organization". One of the biggest advantages of PPO policies is their flexibility to receive care from any provider—in and/or out of the network. This means you can see any doctor or specialist or use any hospital.

A PPO is generally a good option if you want more control over your choices and don't mind paying more for that ability. There is still a network, but you can visit providers outside of your network if you want.

Blue Shield PPO Pros & Cons

Advantages

- You can use a range of doctors and hospitals—in or out of the network.
- Pay less if you use providers in the network.
- You can use doctors, hospitals, and providers outside of the network for an additional cost.
- No referrals needed: You don't need a referral to see a specialist.
- Out-of-network coverage: You can use providers outside of the network, but you'll usually pay more out of pocket expenses.
- DSJ offers one Blue Shield PPO plan

Disadvantages

- PPO plan premiums are higher
- You'll be responsible for paying the plan's deductible.
- Must monitor in-network vs out of network to control cost
- Annual Includes Deductible & Out-of-Pocket Maximum per calendar year:
 - **Deductible:** In Network \$100 Individual \$200 Family - Out of Network \$300 Individual, \$600 Family
 - **Out-of-Pocket Limit:** Individual \$100 In network - \$2,800 Out of network For an entire Family Unit of two or more Members \$200 In network \$5,600 Out of network

Blue Shield PPO Info

For a list of Blue Shield PPO providers please visit www.blueshieldca.com.

For assistance please contact:

Blue Shield at 888-772-1076 www.blueshieldca.com

What is a deductible? A health insurance deductible is the amount of money you must first pay for medical expenses before the plan begins to pay.

If you have other family members on the plan each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.

What is out-of-pocket limit? The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met

Deductibles and out-of-pocket limit reset each Calendar Year.

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Blue Shield Exclusive Provider Organization EPO Plan

Blue Shield	
PLAN DESIGNS	BS EPO Plan ID 5132 EPO 100 \$0
Annual Out-of-Pocket Maximum (Includes Deductible & Co-Insurance) per calendar year	
For any one Member in the same Family Unit	\$800 No Coverage out of network
For an entire Family Unit of two or more Members	\$2,400 No Coverage out of network
In Network Deductible per Calendar Year	\$0 Individual \$0 Family
Professional Services	
Office Visit Co-payments	\$15 Copay In Network No Coverage out of network
Preventive Services	No Copay, deductible waived No Coverage out of Network
Well Child Care (Birth to age 2)	No Copay In Network No Coverage out of network
Outpatient Services	
Outpatient surgery	No Copay In Network No Coverage out of network
Allergy injection visits	No Copay In Network No Coverage out of network \$15 Office Visit may apply
X-rays and lab tests	No Copay In Network No Coverage out of network
MRI, CT and PET	No Copay In Network No Coverage out of network
Inpatient Services (\$100 deduct non-preauthorized hospitalization)	
Room and board, surgery, anesthesia, X-rays, lab tests, and drugs	No Copay, deductible waived No Coverage Out of Network
Non-preauthorized admissions	Required
Emergency Health Coverage (\$100 deductible is waived if admitted to hospital directly from ER)	
Emergency Department visits	\$100 per visit 0% In & Out for initial 48 hours No Out coverage thereafter
Urgent Care visit	\$50 Copay
Prescription Drug Coverage	
Retail Pharmacy - up to 30 day supply	\$10 Generic \$20 Preferred Brand \$40 Non-Preferred Brand
Mail-order Pharmacy - up to 90 day supply	\$20 Generic \$40 Preferred Brand \$80 Non-Preferred Brand
Durable Medical Equipment	
Covered durable medical equipment for home use in accord with our DME formulary	No Copay in Network

What is a Blue Shield EPO plan?

EPO stands for “Exclusive Provider Organization” You are **only** covered for **medical services received from providers within the EPO’s network**, meaning you cannot generally use out-of-network doctors or hospitals unless it’s a medical emergency.

EPOs are a good option for people who don’t need frequent medical care outside of their local network. They also offer a balance between cost and flexibility.

Blue Shield EPO Pros & Cons

Advantages

- **Lower costs** - Blue Shield EPO plans have lower premiums compared to PPO plans
- EPOs can offer a broad range of network providers
- You typically do not need a referral to see specialists within the network.
- There is no deductible on the EPO plan
- **In an emergency, your care is covered. Coverage** is provided for medical emergency care received from out-of-network doctors or hospitals.
- DSJ offers a Blue Shield EPO plan **and** a Kaiser EPO plan

Disadvantages

- You must use doctors and hospitals within the Blue Shield EPO network for most covered care.
- The Blue Shield EPO **doesn’t cover** out-of-network care, except in emergencies.
- You may need to change doctors if your current doctor or other care providers aren’t available in the Blue Shield EPO’s network.
- It’s important to make sure your preferred doctors and hospitals are within the Blue Shield EPO’s network.
- Annual Includes Deductible & Out-of-Pocket Maximum per calendar year:
 - **Deductible:** \$0 Individual - \$0 Family
 - **Out-of-Pocket Limit:** Individual \$800 **No Coverage out of network**
 - For an entire Family Unit of two or more \$2,400 **No Coverage out of network**

Blue Shield EPO Networks

For a list of Blue Shield PPO providers please visit:

Blue Shield – In the Bay Area, notable medical groups include UCSF Health, Palo Alto Medical Foundation (PAMF)/Sutter Health, San Jose Medical Group, El Camino Health Medical Network, Stanford Health Care. For a complete list of providers please visit www.blueshieldca.com

For assistance please contact:

Blue Shield at 888-772-1076 www.blueshieldca.com

What is a deductible? A health insurance deductible is the amount of money you must first pay for medical expenses before the plan begins to pay. If you have other family members on the plan each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.

What is out-of-pocket limit? The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met

Deductibles and out-of-pocket limit reset each Calendar Year.

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Blue Shield High Deductible Plan (HDP)

Blue Shield	
PLAN DESIGNS	BS HD (High Deductible) Compatible 2000 90/70
Annual Out-of-Pocket Maximum (Includes Deductible & Co-Insurance) per calendar year	
For any one Member in the same Family Unit	\$2,000 Individual
For an entire Family Unit of two or more Members	\$2,800 Family Member \$4,000 Family for in and out of network
In Network Deductible per Calendar Year	Out-of-Pocket Limit: \$6,000 Individual , \$12,000 Family
Professional Services	
Office Visit Co-payments	Annual Out-of-Pocket Limit must be met.
Preventive Services	Deductible waived In-Network, 30% coinsurance Out of Network
Well Child Care (Birth to age 2)	Deductible waived In-Network, 30% coinsurance Out of Network
Outpatient Services	
Outpatient surgery	Facility fee; Physician, surgeon; Emergency Room Care: 10% coinsurance In Network, 30% coinsurance Out of Network
Allergy injection visits	10% coinsurance In Network, 30% coinsurance Out of Network
X-rays and lab tests	10% coinsurance In Network, 30% coinsurance Out of Network
MRI, CT and PET	10% coinsurance In Network, 30% coinsurance Out of Network
Inpatient Services (\$100 deduct non-preauthorized hospitalization)	
Room and board, surgery, anesthesia, X-rays, lab tests, and drugs	Facility fee; Physician, surgeon; Emergency Room Care: 10% coinsurance In Network, 30% coinsurance Out of Network
Non-preauthorized admissions	Required
Emergency Health Coverage (\$100 deductible is waived if admitted to hospital directly from ER)	
Emergency Department visits	10% coinsurance In Network, 10% coinsurance Out of Network, Emergency Room Care
Urgent Care visit	10% coinsurance In Network, 30% coinsurance Out of Network
Prescription Drug Coverage	
Retail Pharmacy - up to 30 day supply	Brand: \$20/30-day supply, \$40/60-day supply, \$60/61-90 day supply Non Brand: \$40/30-day supply, \$80/60-day supply, \$120/61-90 day supply
Mail-order Pharmacy - up to 90 day supply	Brand: \$40/prescription Non Brand: \$80/prescription
Durable Medical Equipment	
Covered durable medical equipment for home use in accord with our DME formulary	10% coinsurance In Network, 10% coinsurance Out of Network, Emergency Room Care

What is a Blue Shield High-Deductible Health Plan (HDHP)?

A **High-Deductible Health Plan (HDHP)** is a health insurance plan with a **high annual deductible and lower monthly premiums**. HDHPs are intended to help people save money for future medical expenses. People who are in good health and don't need a lot of healthcare benefit from enrolling in a HDHP

To be eligible and qualify for an HSA, you must meet the following requirements:

- **Not covered** by other health insurance
- **Not enrolled** in any part of Medicare (Parts A, B, C, or D)
- **Not eligible** to be claimed as a dependent on someone else's tax return

Blue Shield HDHP Pros & Cons

Advantages

- **Lower monthly premiums for employee & dependents, much lower than EPO or PPO plans.**
- **You receive a \$1,200 contribution subsidy from the Diocese of San Jose to your HSA account (\$50 per pay period)**
- All the funds in the HSA account are always yours even if you leave DSJ
- No 'use-it-or-lose-it,' keep your HSA forever, your HSA balance rolls over every year
- Using the funds in your HSA to pay for expenses before you reach your deductible can reduce your overall healthcare costs.
- HDHPs protect you against catastrophic out-of-pocket expenses for covered services.
- The HDHPs are combined with HSAs, which allow you to set aside tax-exempt money for medical expenses.
- **If you qualify** to have a Health Savings Account (HSA), you can make voluntary pre-tax contributions into your HSA to cover allowable medical expenses (including the annual out-of-pocket maximum and other expenses which may not be covered by the medical plan).
- DSJ offers a Blue Shield **and** Kaiser HDHP plans both with HSA
- For 2025 the IRS Healthcare Savings Account (HSA) contribution limits are: \$4,300 for individuals and \$8,550 for family coverage.

Disadvantages

- **You must pay the deductible amount before insurance pays** for covered services, including for prescriptions.
 - **Deductible:** \$2,000 Individual - For an entire Family Unit of two or more
 - **Members:** \$2,800 Family Member
\$4,000 Family for in and out of network
- After you meet your deductible, you pay the coinsurance cost for In Network and Out of Network services.
 - **Out-of-Pocket Limit:** \$6,000 Individual, \$12,000 Family

For assistance please contact:

Blue Shield at 888-772-1076 www.blueshieldca.com

What is a deductible? A health insurance deductible is the amount of money you must first pay for medical expenses before the plan begins to pay. If you have other family members on the plan each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.

What is out-of-pocket limit? The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met

Deductibles and out-of-pocket limit reset each Calendar Year.

Visit www.retatrust.org for Plan Summary and Evidence Coverage Booklets

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Blue Shield High Performance Network (HPN) Plan

Members of BS HPN Plan are always covered out-of-network for emergency and urgent care services.

PLAN DESIGNS	BS HPN Plan ID 5232 HPN100 \$0 \$15 \$800
Annual Out-of-Pocket Maximum (Includes Deductible & Co-Insurance) per calendar year	
For any one Member in the same Family Unit	\$800 No Coverage out of network
For an entire Family Unit of two or more Members	\$2,400 No Coverage out of network
In Network Deductible per Calendar Year	\$0 Individual \$0 Family
Professional Services	
Office Visit Co-payments Specialist Visit Co-payments	\$15 Copay In Network No Coverage out of network
Preventive Services	\$15 Copay In Network No Coverage out of network
Well Child Care (Birth to age 2)	No Copay In Network No Coverage out of network
Outpatient Services	
Outpatient surgery	No Copay In Network No Coverage out of network
Allergy injection visits	No Copay In Network No Coverage out of network \$15 Office Visit may apply
X-rays and lab tests	No Copay In Network No Coverage out of network
MRI, CT and PET	No Copay In Network No Coverage out of network
Inpatient Services (\$100 deduct non-preauthorized hospitalization)	
Room and board, surgery, anesthesia, X-rays, lab tests, and drugs	No Copay, deductible waived No Coverage Out of Network
Non-preauthorized admissions	Required
Emergency Health Coverage (\$100 deductible is waived if admitted to hospital directly from ER)	
Emergency Department visits	\$100 per visit 0% In & Out for initial 48 hours No Out coverage thereafter
Urgent Care visit	\$50 Copay
Prescription Drug Coverage - Rx Plan ID 104	
Retail Pharmacy - up to 30 day supply	\$10 Generic \$20 Preferred Brand \$40 Non-Preferred Brand
Mail-order Pharmacy - up to 90 day supply	\$20 Generic \$40 Preferred Brand \$80 Non-Preferred Brand
Durable Medical Equipment	
Covered durable medical equipment for home use in accord with our DME formulary	No Copay in Network

What is the Blue Shield High Performance Network Plan (HPNP)?

The Blue Shield **High Performance Network Plan (HPNP)** is patient centered. Aims to deliver efficient, high-quality, and affordable health-care by focusing on quality outcomes, and effectiveness. Provides members with access to HPNP in-network coverage of high-quality doctors, hospitals, and specialists inside the tailored HPNP network locally and nationally.

The Blue Shield HPNP emphasizes preventative care and early intervention to address health conditions before they become more serious and costly.

Blue Shield HPNP Pros & Cons

Advantages

- **Lower costs** – The Blue Shield HPNP has lower premiums compared to EPO & PPO plans
- **In an emergency**, you are always covered for medical emergency care received from out-of-network doctors or hospitals.
- There is **\$0 -no deductible** on the HPNP
- The Blue Shield HPNP offers locally and nationally in-network
- You typically do not need a referral to see specialists within the HPNP network.
- The HPNP can be a good form of insurance for the young and healthy
- The Blue Shield HPNP offers locally and nationally in-network providers. For a complete list of HPNP providers please visit www.blueshieldca.com

Disadvantages

- **You must use doctors and hospitals within the HPNP network** unless it's a medical emergency.
- You are **only covered for services received from providers within the HPNP's network**.
- No Coverage out of the HPNP network unless it's a medical emergency.
- You may need to change doctors if your current doctor is not in the Blue Shield HPNP network.
- It is important to make sure your preferred doctors and hospitals are within the Blue Shield HPNP network
- Annual Includes Deductible & Out-of-Pocket Maximum per calendar year:
 - **Deductible** \$0 Individual - \$0 Family
 - **Out-of-Pocket Limit:**
 - ▶ Individual \$800 **No Coverage out of network**
 - ▶ For an entire Family Unit of two or more \$2,400 **No Coverage out of network**

For assistance please contact:

Blue Shield at 888-772-1076 www.blueshieldca.com

What is a deductible? A health insurance deductible is the amount of money you must first pay for medical expenses before the plan begins to pay. If you have other family members on the plan each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.

What is out-of-pocket limit? The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met

Deductibles and out-of-pocket limit reset each Calendar Year.

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Blue Shield High Performance Network Plan (HPNP) Networks

BS HPN Plan Network List of Included and Excluded Facilities and Physicians

San Jose-Sunnyvale-Santa Clara | CA

Included Facilities

Stanford Hosp; LPCH Hosp; El Camino Hospital (Los Gatos & Mountain View); CHOMP Hospital; Good Samaritan Hospital; Santa Clara Valley MC; Regional MC of San Jose; OConnor Hospital.

Included Physicians

Quest Diagnostics; LabCorp; El Camino Health Medical; Dignity MG Dominican; Santa Clara County IPA; Santa Lucia MG; Montage MG; Obstetrix MG; Doctors on Duty Med Clinic; Natividad MC Phys; LPCH MG; Planned Parenthood; Valle Verde MG; Your MG; Pinnacle HealthCare; St Junipero Clinic

In the Bay Area, notable medical groups include

UCSF Health, Palo Alto Medical Foundation (PAMF)/Sutter Health, San Jose Medical Group, El Camino Health Medical Network, Stanford Health Care.

Excluded Facilities

All Sutter Facilities

Excluded Physicians

All Sutter MG; Stanford Clinics; LPCH MG; Affinity MG; UCSF MG; Athena MG of the Central Coast

San Francisco-Oakland-Hayward | CA

Included Facilities

UCSF MC; John Muir MC (Walnut Creek & Concord); Sutter Alta Bates MC; Washington Hospital; Marin General Hospital; Sequoia Hospital; Valley Care MC; UCSF Children's Hospital; Providence Queen of the Valley MC; San Ramon Regional MC; North Bay HealthCare MC; StFrancis Memorial Hospital; Alameda Hosp; Highland Hospital; BHC Fremont Hospital; San Leandro Hospital

Included Physicians

Quest Diagnostics; LabCorp; Providence MG; John Muir Phys; Hill Physicians MG; Dignity MG St Francis; Dignity MG Sequoia; Myriad Womens Health; Carbon Health MG; NorthBay HealthCare Grp; Napa Valley Family MG; Noe Valley Pediatrics; Harvest Pediatrics; Alameda Health System; Providence MG Sonoma; Petaluma HealthCtr; My Health MG; Bay Area Union HealthCtr; Medical Assoc of Fremont; Planned Parenthood

Excluded Facilities

All Sutter Facilities (Except Sutter Alta Bates - Summit & Herrick Campuses)

Excluded Physicians

All Sutter MGs; UCSF MG; Stanford Clinics; One MG; Affinity MG; LPCH MG; Epic Care; ashington Township Med Foundation

Complete List

For a complete list of Blue Shield HPNP providers please visit www.blueshieldca.com

For assistance please contact Blue Shield at 888-772-1076 , www.blueshieldca.com

Visit www.retatrust.org for Plan Summary and Evidence Coverage Booklets

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Health Savings Account

Employees who have elected the Blue Shield or Kaiser High Deductible Plan may qualify to have a Health Savings Account.

HSA

 are an *easy win* in today's complex health care system


HSA


 empower health savings


...and empower for the future


 Qualifying plans typically have lower premiums

TAX FREE Tax free. HSA contributions are tax-free (federal and state*) *Eligible HSA contributions are taxed by these states: CA and NJ

 Lowers tax liability. Your contributions lower your tax liability

 Your HSA balance rolls over every year

 Account is yours. The account is yours even if you change jobs, insurance plans, or retire

 Invest HSA funds. You can invest your HSA funds and the interest you earn is tax-free

How does an HSA work?



HEALTH PLAN

High-deductible plan
(Must be HSA qualified)

HSA

Health savings account

Overview of an HSA



Deposit the money you saved on premiums to your HSAs



Use your tax-free savings to pay for qualified medical expenses

How does an HSA work?



Must be covered only by an HSA-qualified health plan. Other health coverage* may disqualify you

*Medicare and other traditional health plans



Cannot have a full purpose FSA
(Including through a spouse)



Not be claimed as a dependent on someone else's tax return

Overview of an HSA

The table outlines the IRS established annual HSA contribution limits

TAX YEAR	MAX HSA CONTRIBUTION LIMIT ¹	
	Individual	Family
2024	\$4,150	\$8,300
2025	\$4,300	\$8,550
Catch-up ²	+\$1,000	+\$1,000

¹Annual maximum contribution amount is employer and employee contributions combined.

²If you are over the age of 55, you may also make an additional 'catch-up' contribution of \$1,000.

Additional HSA Information available at:

- <https://learn2.healthequity.com/bsc/hsa/>
- <https://info.healthequity.com/Member/HSA>

Health Savings Account

Save up to \$1,500* on taxes when you choose HSA



HSA HEALTH SAVINGS ACCOUNT

If you enroll in either the Blue Shield high deductible plan or the Kaiser deductible plan:

- You will have substantial savings on the medical plan premiums.
- **You will receive a medical subsidy from the Diocese of San Jose equivalent to \$50.00 per payday or \$1,200.00 for the year.**
- If you qualify to have a Health Savings Account (HSA), you can put the medical subsidy and any part of your premium savings and any additional amount into your HSA to cover allowable medical expenses (including the annual out-of-pocket maximum and other expenses which may not be covered by the medical plan).



No 'use-it-or-lose-it,' keep your HSA forever



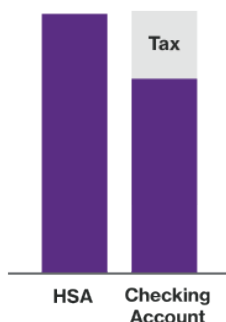
Create a healthcare emergency safety net



Invest** your HSA tax-free, like a 401(k)

Maximize your tax savings

When you use your tax-advantage HSA, you get \$10 in tax savings for every \$50 you contribute.



2025 IRS contribution limits

Family Plan

\$8,550

Individual Plan

\$4,300

Members 55+ can contribute an extra \$1,000

Pay for thousands of qualified medical expenses

Here are a few common ways to spend your HSA.



Pain Relievers



Doctor Visits



Dental Cleaning



Sleep Aids



Eyeglasses/ Contacts



Cold/Cough Medicine



Chiropractic Care



Insulin testing supplies

Flexible Spending Health Care Account

Pre-tax fund used to pay for eligible medical, dental and vision care expenses

What is a Flexible Spending Health Care Account?

A Flexible Spending Health Care Account – (FSA Health Care) is a special account you put money into that you use to pay for certain out-of-pocket health care costs. You and your dependents can participate in the FSA-Health Care even if not enrolled in a DSJ health plan. For 2025 the IRS limit is \$3,300.

With an FSA Health Care, you use pre-tax dollars to pay for qualified out-of-pocket Health Care expenses like deductibles, copayments, dental care, orthodontia, and prescriptions. The money you contribute to a Health Care FSA is not subject to payroll taxes, so you end up paying less in taxes and taking home more of your paycheck.

Eligibility: You cannot have both a FSA Health Care (FSA) and a Health Savings Account (HSA) at the same time. Both HSAs and FSAs are similar in that they help you make qualified health purchases using tax-free funds. But you can't have both.

Using a debit card provided by BAS/Reta Trust, or by submitting receipts for reimbursement. Access the full amount of your account on day one of the DSJ plan year. Funds in your FSA Health Care account can be used by you and/or your eligible dependents to pay for qualified health care health care costs, Examples of qualified FSA Health Care expenses, according to the Internal Revenue Service (IRS):

Office visits (medical, dental or vision) -Prescriptions -Deductibles - Dental care -Eye exams - Eyeglasses (prescription) Hospital services -Co-insurance -Chiropractic care -Immunizations -Acupuncture -Ambulance services Laser eye surgery or radial keratotomy (to treat vision problems) -Laboratory fees.

For a complete list of eligible expenses, review IRS Publication 502 www.irs.gov/publications/p502

FSA-Health Care Pros & Cons

Advantages

- You and your dependents can participate in the FSA-Health Care even if not enrolled in a DSJ health plan
- Pre-Tax Contributions: You contribute to the FSA-Health Care through payroll deductions, these contributions are taken out of your paycheck before taxes, reducing your taxable income.
- For 2025-2026 benefits year you contribute up to \$3,300.00 (IRS limit)
- Tax Savings: By using pre-tax money, you can save money on your income taxes. You don't pay taxes on this money.
- Access the full amount of your account on day one of the DSJ plan year
- Spending: You can use the funds in your FSA-Health Care account to pay for eligible expenses, using the debit card provided by BAS/Reta Trust, or by submitting receipts for reimbursement.

Disadvantages

- Use-It-Or-Lose-It: Funds in an FSA Health Care account are subject to a "use-it-or-lose-it" rule, meaning any unused funds at the end of the plan year on June 30th are forfeited.
- Annual Plan Year: FSAs operate on an annual benefits plan year basis (July 1st to June 30th) so you need to enroll each year during the May open enrollment period.
- Need to estimate your expenses carefully. Funds do not rollover to the next year, unused funds at the end of the plan year (June 30th) are forfeited. Don't put more money in your FSA Health Care account than you think you'll spend within the plan year.
- Not all expenses are eligible for FSA reimbursement, so it's important to understand the rules See IRS Publication 502 www.irs.gov/publications/p502
- You cannot have both a Flexible Spending Account (FSA) and a Health Savings Account (HSA) at the same time. Both HSAs and FSAs are similar in that they help you make qualified health purchases using tax-free funds. But you can't have both.

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Flexible Spending Dependent Day Care Account

Pre-tax fund used to pay for Dependent Day Care expenses

What is a Flexible Spending Dependent Day Care Account?

A Dependent Day Care FSA (DCFSA) allows you to set aside pre-tax money to pay for eligible dependent day care expenses, like childcare, preschool, or summer camp, reducing your taxable income and potentially saving you money on taxes.

- You contribute to the DCFSA through payroll deductions, with the money going into an account.
- You pay for eligible Dependent Day Care expenses out-of-pocket and then apply for reimbursement from the FSA.

The money in your DCFSA must be used within the plan year, so it's important to estimate your expenses accurately.

Who is eligible? You must have dependents who meet certain criteria:

- ▶ Qualifying children under the age of 13.
- ▶ Spouses who are physically or mentally incapable of self-care and live with you for more than half the year.
- ▶ Other dependents who are physically or mentally incapable of self-care and live with you for more than half the year.

You must be employed and your spouse must also be working or looking for work (unless they are disabled or a full-time student).

Contribution limits:

- ▶ In 2025, the maximum annual contribution for Dependent Day Care FSA is \$5,000 per household (or \$2,500 if married and filing separately).
- ▶ If you and your spouse both have DCFSA's, your combined contributions cannot exceed \$5,000.

Eligible Dependent Care expenses:

- ▶ Daycare, preschool, and nursery school - Summer day camps - Before- and after-school care.
- ▶ Some approved nanny services - Adult daycare or elder care for dependents who are physically or mentally incapable of self-care.

FSA- Dependent Day Care Pros & Cons

Advantages

- Allows you to use pre-tax dollars to pay for eligible Dependent Day Care expenses.
- Pre-Tax Contributions: You contribute to the FSA through payroll deductions, and these contributions are taken out of your paycheck before taxes, reducing your taxable income.
- In 2025, the maximum annual contribution is \$5,000 per household (or \$2,500 if married and filing separately (IRS limit)
- Tax Savings: By using pre-tax money, you can save money on your income taxes. You don't pay taxes on this money. The money you contribute to a Dependent Day Care FSA is not subject to payroll taxes, so you end up paying less in taxes and taking home more of your paycheck.
- Per IRS regulations, you are allowed to be enrolled in an FSA Health Care or HSA Health Spending Account, while at the same time participating in FSA Dependent Day Care.

Disadvantages

- You pay for eligible Dependent Care expenses out-of-pocket and then apply for reimbursement from the FSA
- Qualifying children under the age of 13
- Proof of payment for the Dependent Care services in the form of a receipt with specific information is required.
- You must be employed and your spouse must also be working or looking for work
- Use-It-Or-Lose-It: Funds in an FSA Dependent Care account are subject to a "use-it-or-lose-it" rule, meaning any unused funds at the end of the plan year on June 30th are forfeited.
- Need to estimate your expenses carefully
- Annual Plan Year: FSAs operate on an annual benefits plan year basis (July 1st to June 30th) so you need to enroll each year during the May open enrollment period.
- Maximum annual contribution is \$5,000 per household or \$2,500 if married and filing separately.
- Funds do not rollover to the next year, unused funds at the end of the plan year (June 30th) are forfeited. Don't put more money in your FSA than you think you'll spend within the plan year.

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Benefit Plan Vendors Directory

RETA TRUST - TRUSTOR

RetaTrust – BAS



- * Enrollment Process
- * Benefit Election Assistance
- * Misc. questions: Medical, Dental, and Vision, FSA, Plans Summary

877-303-7382
www.retatruster.org
 * Password & Username

MEDICAL PLANS

Blue Shield



- * Order New Cards 888-772-1076
- * Coverage detail www.blueshieldca.com
- * HSA Blue Shield Services 877-857-6810

Kaiser



- * Order New Cards 800-663-1771
- * Coverage detail www.kp.org
EPO Medical Group #8441
- * HSA Kaiser Services 866-346-5800

PRESCRIPTION PLANS

CVS Caremark



- Blue Shield EPO 800-844-0719
- Blue Shield PPO www.caremark.com

Kaiser Rx



- * Order New Cards 800-464-4000
- * Coverage detail www.kp.org
EPO Medical Group #8441

DENTAL PLAN

Delta Dental PPO



- * Order New Cards 800-765-6003
- * Coverage detail www.deltadentalins.com
Group #15887

VISION PLANS

VSP Vision



- * Order New Cards 800-877-7195
- * Coverage detail www.vsp.com
ID - Employee Social Security #

Kaiser Vision



- * Order New Cards 800-464-4000
- * Coverage detail www.kp.org
EPO Medical Group #8441

FLEXIBLE SPENDING ACCOUNT

FSA BAS Card

- RetaTrust – BAS 877-303-7382
www.retatruster.org

RETIREMENT

Diocese of San José 403(b) Retirement Plan - USI Consulting Group (Effective July 1, 2025)

- * USI Consulting Group DSJ Benefits Office
Care Center benefits@dsj.org

LIFE INSURANCE

Mutual of Omaha



- * Life, AD&D, LTD 800-775-8805

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Employee Assistance Program by Mutual of Omaha

- Provides professional confidential consultation and referrals 24 hours a day. 800-316-2796
mutualofomaha.com/eap

WELLNESS PROGRAM

- Blue Shield Wellvolution Platform 888-772-1076

- Kaiser Permanente - Workforce Health Program 800-663-1771