



Diocese of Manchester

The Catholic Church in New Hampshire

2021

Priest Only Plan

Open Enrollment

We are pleased to announce the Diocesan 2021 benefit offerings. These programs are effective July 1, 2021.

- Blue Shield of California (BCS) is replacing Anthem as the medical vendor.
 - You will not see any change to the provider network.
- The medical plan option for Priests is the EPO 0-1 Plan.
- Our pharmacy plan administrator is changing from Elixir to CVS Caremark.
- You will receive one new ID card to use for both medical and prescription drugs.
- WebMD, WW, Livongo, and Vivante Health programs will end June 30, 2021. BCS's Wellvolution program will replace Livongo and Vivante Health. If you are a Livongo or Vivante member, BSC will email you sometime after July 1 to invite you to complete the self-assessment and enroll in Wellvolution programs of your choice.
- All priests will be automatically enrolled in the medical, dental, and vision plans.
- There will be no co-pay for preventive care / screenings / immunizations.
- Dental will be offered through Northeast Delta Dental.
- DeltaVision will replace Vision Service Plan (VSP) as our vision administrator and features the EyeMed network of providers.
- Healthcare FSA: BAS will continue as the administrator of the FSA. You will have the option of enrolling in a healthcare FSA up to the maximum IRS contribution limits. For 2021, the maximum limits is up to \$2,750 for a healthcare FSA.
- You will be required to log in to the Reta Trust portal to confirm/verify your employee information and review your benefit elections.



Annual Open Enrollment is the time for you to review your current elections and to make any adjustments in your coverage. **You will be automatically enrolled in the medical, dental, and vision plan. However, if you want to sign up for a flexible spending account, you must go to the RETA enroll website to confirm your election.** Failure to do so will impact your coverage.



Enrollment Deadline

All enrollments/changes are due by midnight on Tuesday, June 1st.



Log on to RetaTrust at www.retatruster.org

Open Enrollment and Change of Family Status

You should carefully consider your Open Enrollment decisions because your elections remain in effect until the next Open Enrollment. After you enroll, the only time you may make changes to your benefits program during the plan year is if you experience a special enrollment situation.

What You Will Need To Do For Open Enrollment If You Do Not Have A Login ID

During Open Enrollment, you will be introduced to the Reta Benefits Center – where information is customized with the specific benefits available to you (based on your login ID). Login at www.retatrust.org anytime beginning Monday, May 17th and select Reta Benefits Center.

A single user ID and Password allows you to access all online platforms/websites related to your Reta healthcare benefits. You may obtain your unique User ID and Password for the first time, or have it resent to you if you are a returning user, by going to the Reta Trust home page (www.retatrust.org) and clicking on the link for assistance with login. Enter your email address; provided your email address has previously been entered in the RetaEnroll system and validated. Otherwise, to view your User ID and Password on-screen, select “Identify Yourself Online Securely” and you will be prompted to enter: First Name, Last 4-Digits of your Social Security Number, Date of Birth, 5-digit Zip Code.

Reta Trust Customer Support



Personal Assistance call:

1-877-303-7382

(Monday - Friday, 8:30 am to 8:00 pm; English & Spanish)



Email:

service@retaenroll.org



On-Line Benefits Website:

www.retatrust.org

To Enroll Follow These Steps

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

Step 2 Click “Login”

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

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

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

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

Your Enrollment is complete.



Don't forget — Open Enrollment for 2021-2022 will begin on May 17th and will end at midnight on June 1st. Do not wait until the last minute to begin your enrollment. Once the Open Enrollment period has ended, you will not be able to make any changes to your 2021-2022 plan year benefits unless you experience a qualified event.

Medical Plan

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

Plan Design	Blue Shield of California EPO 0-1
Deductibles	\$0 Individual
Annual Out-of-Pocket Maximum* (individual)	\$800 Individual
Coinsurance	None
Preventive Care Visit	\$0 copay
Regular Office Visit	\$15 copay
Specialty Office Visit	\$15 copay
Emergency Room	\$100 copay
Urgent Care	\$50 copay
Inpatient Hospital	\$0 copay
Outpatient Hospital	\$0 copay
X-ray Therapy	No charge
Primary Care Physician (PCP) Required	No
Mental Health Benefits	Inpatient: \$0 copay Outpatient: \$15 copay
Substance Abuse Benefits	Inpatient: \$0 copay Outpatient: \$15 copay
Prescription Drugs Retail**	
	Generic \$10
	Preferred \$20
	Non-Preferred \$40
Mail Order	
	Generic \$20
	Preferred \$40
	Non-Preferred \$80

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

* EPO 0-1: Includes Medical and Rx Copays; these co-payments are no longer required once the OOP maximum is reached.

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

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

Medical Plan: Q&A

EPO 0-1

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

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

Is there a deductible?

No.

Will I need to choose a Primary Care Physician (PCP)? Do I need a referral to see a specialist?

No.

Is preventive care covered?

Yes, when you use network providers.

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

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

Are prescription drugs covered?

Yes, for members enrolled in EPO 0-1, the prescription drug plan is administered by CVS Caremark. Your medical and prescription drug coverage information will be contained within the same identification card. The prescription plan includes features to encourage members to obtain the lowest cost drug alternative. Dispense as written (DAW) penalty is the difference in the price between the brand name medication and its available generic equivalent. The penalty can be applied if doctor writer prescription for brand name medication when generic is available or if the member asks for the brand name to be dispensed even if a generic is available.

May I use mail order for drugs I use regularly?

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

What is Wellvolution provided by BSC?

If you enroll in any of the medical plans, you are automatically enrolled in Wellvolution at no additional cost to you. Wellvolution is a health program designed for you. This is where healthy lifestyles begin. Wellvolution provides you with personalized support and tools to help you take control of your health.



Prescription Drugs

The prescription drug coverage will be administered by CVS Caremark. All employees enrolled in medical coverage will have one identification card for medical and prescription drug benefits.

CVS Caremark (CVS) will replace your current pharmacy plan. CVS brings a nationwide network of pharmacies that includes Rite Aid, Walgreens, Walmart, local pharmacies and CVS stores. As a result of the partnership between CVS and BSC, you will have the convenience of carrying only one ID card for both BSC medical and CVS prescription benefits. Your claims history will be automatically transferred to CVS for open prescription refills, prior authorizations and formulary drug claims so you will not be required to obtain new scripts or prior authorizations from your doctors after July 1, 2021.

Are prescription drugs covered?

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

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

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

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

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

CVS Transition Notes

CVS direct member outreach for formulary disruption and specialty medications

If your formulary drug with your current pharmacy provider] becomes a non-formulary drug with CVS, CVS will send you a letter explaining next steps. To see a list of CVS non-specialty medications [click here](#).

CVS will also offer reach out directly to you on specialty medications. To see a list of CVS Specialty Formulary medications [click here](#).

Go to this Reta microsite for complete details about CVS

Here you will find all the information you will need about the CVS pharmacy plan. [Click here](#) and explore.

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

I have a question about...	Resource
Is my medication on the CVS Formulary	Reta Benefits Center Caremark.com Download and use the CVS App Call CVS: 800-844-0719 The number will be live as of April 26th
Did my Mail Order Drug get transferred	
Did my specialty Rx get transferred	
Did my Rx authorization get transferred	
I'm at the pharmacy but don't have my new ID card	

Note: As of July 1, 2021, your new prescription plan will be in effect. Your pharmacy will need your new plan information.

Dental Plan



The Diocese offers a comprehensive dental program through Northeast Delta Dental. You can visit any licensed dentist under this plan, but you will maximize plan value by selecting a Delta Dental PPO dentist. PPO network dentists have agreed to reduced contracted rates and is not permitted to “balance bill” you for additional fees. Find a dentist at nedelta.com.



Priest Plan

Plan Design	In-PPO Network PPO Dentists	Out-of-PPO Network Premier and Non-Delta Dentists
Annual Deductible (per calendar year)	\$50	\$75
Annual Maximum (per calendar year)	\$2,000	
Diagnostic & Preventive Services (Exams, cleanings, x-rays, sealants)	100%	
Basic Coverage (Fillings, root canals, gum treatment, oral surgery)	90%	80%
Major Coverage (Crowns, bridges, dentures, implants)	80%	50%



Vision Plan



The Diocese offers a comprehensive vision plan through DeltaVision. This plan saves you money on your eye care purchases and is available through provider locations participating in the

EyeMed Access Network. Two ID cards will be mailed to your home address for use at the EyeMed network provider of your choice.



Benefit	Description	In-Network	Out-of-Network
Exam	– Every 12 months	\$10	Up to \$35
Prescription Glasses		\$25	
Frames	– Every 24 months	\$150 allowance, then 20% off balance	Up to \$75
Lenses	– Every 12 months – Single Vision – Lined Bifocal – Lined Trifocal	\$25	Up to \$25 Up to \$40 Up to \$55
Lens Enhancements	– Every 12 months – Standard Progressive lenses – Premium Progressive lenses – Anti-reflective coating	\$90 \$90 or 80% of charge less than \$120 allowance \$45	Not Covered
Contacts	– Every 12 months – Conventional – Disposable – Medically necessary	\$150 allowance, then 15% off balance \$150 allowance, member pays balance Paid in full	Up to \$120 Up to \$120 Up to \$200

*See Vision Plan summary for details.

Flexible Spending Account



The Diocese of Manchester will continue to offer a Flexible Spending Account (FSA) benefit to our Priests in effort to help you with controlling out-of-pocket medical, dental, and vision expenses. This account will be available to you at no cost. The plan is administered through BAS (Benefit Allocation Systems).

FSA Plan:

Healthcare FSA — utilized for out-of-pocket Medical, Dental and Vision care expenses for you and your family members (regardless of your insurance coverage).

Health Care (or Medical) FSA

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

How does this work?

Simply estimate the out-of-pocket expenses you KNOW you are going to have for this next year **up to the Annual Maximum (7/1/21-6/30/22) of \$2,750**. Keep in mind, this includes any Medical, Dental, and Vision expenses for you AND your family (Spouse and Legal Dependents/Children). A large list of examples is provided by BAS showing what is covered under this plan for you and your family. Once you have an estimated total for the year, the annual amount elected is then divided by your total number of paychecks for the year. These amounts deducted from your paycheck would be deducted BEFORE taxes (pre-tax) and would lower your taxable income by the amount set aside in the FSA plan.

The Benefit?

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

Typical Items Not Covered

- Health Club Fees
unless prescribed for treatment of a medical condition
- Cosmetic Surgery
unless necessary to improve deformity resulting from congenital abnormality, accident, or disease
- Social Activities
such as swimming and dancing, even if medically necessary
- Massages
- Weight Loss Program
- Smoking Cessation Program
- Any medical expense not allowed by the IRS on a tax filing
- Please refer to IRS Publication 502 for a complete list of eligible expenses

Flexible Spending Account (continued)

	Doesn't Participate in an FSA	Does Participate in an FSA
Annual Income	\$35,000	\$35,000
Pre-Tax FSA Contributions	\$0	\$500
Taxable Salary	\$35,000	\$34,500
Federal Withholding (22%)	\$7,700	\$7,590
State Tax Withholding, if applicable (0%)	\$0	\$0
FICA Tax (7.65%)	\$2,677	\$2,639
Total Annual Taxes	\$10,377	\$10,229
Annual Tax Savings	\$0	\$148

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

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

How do I get the money?

Use your debit card in retail stores on eligible expenses, or file a Healthcare FSA claim by visiting [MyEnroll.com](https://www.myenroll.com) and hover your mouse over Flex Spending Accounts. Select "Non-Bar Coded Claim Forms" and select the formatting type from the 3 options:

1. PDF
2. Word
3. HTML

Select the Health Care FSA. Read the instructions and complete the claim form with the applicable information. Mail or Fax document.

Mail: BAS
P.O. Box 62407
King of Prussia, PA 19406

Fax: 1-888-265-2144

Claims received prior to Thursday at 3:00 pm if approved, will be paid out by check or direct deposit (if available) on the following Wednesday. Claims that are received and are denied or more information is needed, will receive an explanation of benefits via USPS mail.

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

For more details, please visit the Reta Benefits Center, www.retatrust.org.

Keep in mind this is a "Use-it or Lose-it" account, so be sure you are being conservative in your estimates.

You will have until the end of the plan year to file for a Healthcare FSA claims.

(7/1/2021 – 6/30/2022)

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

Optional 100% Employee Paid MetLaw Legal Plan

When life calls for legal help, MetLaw is there for you.

Telephone and office consultations are available for an unlimited number of personal legal matters with an attorney of your choice.

Money Matters	<ul style="list-style-type: none"> - Debt Collection Defense - Identity Theft Defense - Identity Management Services¹ 	<ul style="list-style-type: none"> - Negotiations with Creditors - Personal Bankruptcy - Promissory Notes 	<ul style="list-style-type: none"> - Tax Audit Representation - Tax Collection Defense
Home & Real Estate	<ul style="list-style-type: none"> - Boundary & Title Disputes - Deeds - Eviction Defense - Foreclosure - Mortgages 	<ul style="list-style-type: none"> - Property Tax Assessment - Refinancing & Home Equity Loans of Primary, Second or Vacation Home 	<ul style="list-style-type: none"> - Sale or Purchase of Primary, Second or Vacation Home - Security Deposit Assistance - Tenant Negotiations - Zoning Applications
Estate Planning	<ul style="list-style-type: none"> - Codicils - Complex Wills - Healthcare Proxies - Living Wills 	<ul style="list-style-type: none"> - Powers of Attorney (Healthcare, Financial, Childcare, Immigration) 	<ul style="list-style-type: none"> - Revocable & Irrevocable Trusts - Simple Wills
Family & Personal	<ul style="list-style-type: none"> - Adoption - Affidavits - Conservatorship - Demand Letters - Garnishment Defense - Guardianship 	<ul style="list-style-type: none"> - Immigration Assistance - Juvenile Court Defense, Including Criminal Matters - Name Change - Parental Responsibility Matters - Personal Property Protection 	<ul style="list-style-type: none"> - Prenuptial Agreement - Protection from Domestic Violence - Review of ANY Personal Legal Document - School Hearings
Civil Lawsuits	<ul style="list-style-type: none"> - Administrative Hearings - Civil Litigation Defense - Incompetency Defense 	<ul style="list-style-type: none"> - Disputes Over Consumer Goods & Services 	<ul style="list-style-type: none"> - Pet Liabilities - Small Claims Assistance
Elder-Care Issues	<ul style="list-style-type: none"> Consultation & Document Review for your Parents: - Deeds - Leases 	<ul style="list-style-type: none"> - Medicaid - Medicare - Notes - Nursing Home Agreements 	<ul style="list-style-type: none"> - Powers of Attorney - Prescription Plans - Wills
Vehicle & Driving	<ul style="list-style-type: none"> - Defense of Traffic Tickets² - Driving Privilege Restoration 	<ul style="list-style-type: none"> - License Suspension Due to DUI 	<ul style="list-style-type: none"> - Repossession
E-Services	<ul style="list-style-type: none"> - Attorney Locator - Financial Planning 	<ul style="list-style-type: none"> - Insurance Resources - Law Firm E-Panel 	<ul style="list-style-type: none"> - Self-Help Legal Documents - Work/Life Resources

1. This benefit provides the Participant with access to LifeStages Identity Management Services provided by CyberScout, LLC. CyberScout is not a corporate affiliate of Hyatt Legal Plans.

2. Does not cover DUI.

To learn more, visit
info.legalplans.com
 and enter access code:
 9902396 or call our
 Client Service Center
 at **1-800-821-6400**
 Monday–Friday,
 8am–8pm (EST Time).

Optional 100% Employee Paid Hospital Indemnity Insurance Plan



The Diocese of Manchester will continue to offer Hospital Indemnity Insurance through MetLife that is 100% employee paid. Hospital Indemnity Insurance can help fill financial gaps caused by out-of-pocket expenses such as deductibles, co-payments, and non-covered medical services. Payments are made directly to covered employees to spend as they choose.



Who is eligible for this Hospital Indemnity coverage?

Since you pay for this coverage, everyone is able to sign up for hospital indemnity protection without enrolling in our medical plan.

Where can I find more information about the covered benefits/services?

See the plan summary and you may contact MetLife Customer Service at **1-800-438-6388**.

What happens if my employment status changes? Can I take my coverage with me?

Yes, you can take your coverage with you. You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer offers you similar coverage.

Hospital Indemnity Insurance Benefits

Here are just some of the covered benefits/services, when an accident or illness puts you or a covered dependent in the hospital.¹

Benefit Type ²	MetLife Hospital Indemnity Insurance Pays YOU
Hospital Coverage (Accident)	
Admission (must occur within 180 days after the accident)	\$500 per accident (non-ICU) \$1,000 per accident (ICU)
Confinement (must occur within 180 days after the accident)	\$100 a day (non-ICU) for up to 31 days \$200 a day (ICU) for up to 31 days
Inpatient Rehab (stay must occur immediately following hospital confinement and occur within 365 days of accident)	\$100 a day, up to 15 days per accident and 30 days per calendar year
Hospital Coverage (Sickness)	
Admission (payable 1x per calendar year)	\$500 (non-ICU) \$1,000 (ICU)
Confinement (paid per sickness)	\$100 a day (non-ICU) for up to 31 days \$200 a day (ICU) for up to 31 days
Other Benefits	
Health Screening (Wellness) ³ Benefit provided if the covered insured takes one of the covered screening/prevention tests (payable 1x per calendar year)	\$50

¹Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

²Covered services/treatments must be the result of an accident or sickness as defined in the group policy/certificate. See your Disclosure Statement or Outline of Coverage/Disclosure Document for more details.

³The Health Screening Benefit is not available in all states.

Hospital Indemnity Insurance Plan (continued)

How to Submit a Claim Online

Submitting a hospital Indemnity claim is as simple as 1-2-3:

1. Visit mybenefits.metlife.com to obtain a physician form.* (Or call 866-626-3705)
2. Answer some questions about the claim and attach completed physician form – the whole process takes just minutes!
3. Visit MyBenefits frequently to check claim status, letters and benefit payments.

*Note: Have the physician complete and sign the form. The claim cannot be processed without the physician form completed.

What Happens Next

A MetLife claims specialist will review your information, request any additional medical information from your doctor (if necessary), and notify you in writing of a claim decision.

MyBenefits: Quick and Easy Online Claim Submission

MyBenefits is the Employee Web Portal for MetLife group participants. Once Registered, employees can log in to:

- Submit a claim
- See claim status, history, and payments
- Set up direct deposit of benefits
- Read messages from MetLife
- Download Accident and Health forms



Employees can register at <http://mybenefits.metlife.com>



Download the MetLife app from the iTunes App Store or Google Play.



Before using the MetLife US App, you must register at www.metlife.com/mybenefits from a computer. Registration cannot be done from your mobile device.

Employer & Employee Contributions

All eligible employees who elect medical coverage will have deductions withheld from their paycheck. The monthly employer's contribution for medical insurance is reflected below. These contributions are effective July 1, 2021 through June 30, 2022.

Medical

	EPO 0-1 Plan			
	Monthly Plan Cost	Diocesan Contribution	Employer Contribution	Priest Contribution
Employee	\$1,030.51	\$102.70	\$927.81	\$0.00

Dental

	Northeast Delta Dental		
	Monthly Plan Cost	Employer Contribution	Priest Contribution
Employee	\$54.15	\$54.15	\$0.00

Vision

	EyeMed		
	Monthly Plan Cost	Employer Contribution	Priest Contribution
Employee	\$6.86	\$6.86	\$0.00

Hospital Indemnity (100% Priest Paid)

Employee	\$16.93
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MetLaw (100% Priest Paid)

Rate	\$18.00
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Reta Medical and Rx Contact Information

Blue Shield of California
1-888-772-1076
www.provider.bcbs.com

Contact Member Services
for ID card

CVS Caremark
1-800-844-0719
www.caremark.com

DeltaVision
1-800-537-1715
www.nedelta.com

Contact Member Services or
access the website for ID card

BAS – Cobra Control Services
1-877 360-7382

Northeast Delta Dental
1-800-537-1715
www.nedelta.com

Contact Member Services
for ID card

BAS – FSA Administration
1-800-945-5513
www.MyEnroll.com

**MetLife – Hospital
Indemnity Insurance**
1-800-438-6388

Contact Member Services
for ID card

HIPAA Privacy Notice Availability

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

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies themselves must be read for those details. The intent of this document is to provide you with general information about your employee benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be directed to your Human Resources/Benefits Department.



Diocese of Manchester

The Catholic Church in New Hampshire