



Catholic Diocese of Jackson

Effective January 1, 2019



CDJ Medical	80% Plan		70% Plan	
Plan Design	Buy-Up Plan		Base Plan	
Network	Mississippi Physicians Care Network		Mississippi Physicians Care Network	
Benefit Features	In-Network	Out of Network	In-Network	Out of Network
Annual Deductible				
Individual	\$500		\$1,500	
Family	\$1,500		\$4,500	
Coinsurance	80% after Ded	80% after Ded	70% after Ded	70% after Ded
Annual Out-of-Pocket Max	Ded Not Included		Ded Not Included	
Individual (copay excluded)	\$1,500	No Limit	\$1,500	No Limit
Family (copay excluded)	\$4,500	No Limit	\$4,500	No Limit
Physician Services	OV only		OV only	
Office Visits	\$40 Copay	80% after Ded	\$50 Copay	70% after Ded
Specialist	\$60 Copay	80% after Ded	\$75 Copay	70% after Ded
Inpatient Services	80% after Ded	70% after Ded	70% after Ded	60% after Ded
Outpatient Services	80% after Ded	70% after Ded	70% after Ded	60% after Ded
Facility Services				
Inpatient Services	80% after Ded	70% after Ded	70% after Ded	60% after Ded
Outpatient Surgery	80% after Ded	70% after Ded	70% after Ded	60% after Ded
Emergency Room Services	80% after Ded	70% after Ded	70% after Ded	60% after Ded
Prescription Card	\$50 Ded \$0/35/70/125	\$50 Ded \$0/50/100/200	\$50 Ded \$0/50/100/125	\$50 Ded \$30/\$70/150/125
Mutual of Omaha Life & Accidental Death & Dismemberment				
\$10,000 coverage life	No charge to the employee			
\$10,000 coverage accidental death & dismemberment	At age 65, benefit reduces to 67% of original benefit amount; at age 70, benefit reduces to 45% of original benefit amount			
CDJ Dental				
No Network				
Deductible	\$50 Indv - \$150 Family			
Preventive	100%			
Basic	80% after Ded			
Major	50% after Ded & 12 months			
Ortho	50% after 12 months			
Annual Maximum	\$2,000			
Ortho Lifetime Maximum	\$1,000			
CDJ Vision				
No Network				
Eye Exam	\$10 Copay			
Single Vision Lenses	\$25 Copay			
Bifocal Lenses	\$25 Copay			
Trifocal Lenses	\$25 Copay			
Frames	\$130 Retail Allowance			
Contact Lenses - Elective	\$130 Allowance			
Frequency	once per calendar year for exams, lenses and contact lenses and once every 2 calendar years for frames			
One pair or a single purchase supply of contact lenses in lieu of lenses and frame benefit (may not receive contact lenses and frames in same benefit year)				
Ameritas Hearing & Lasik				
Annual Hearing Exam	100% up to \$75			
Hearing Aid (per ear)	50% - year one up to \$400; year two up to \$600; year three up to \$800			
Hearing Aid Maintenance	100% up to \$40			
LASIK	Lifetime benefit earned per eye - year one \$175; year two \$175; year three \$350			



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Mutual of Omaha Voluntary Term Life & Accidental Death & Dismemberment		
Guarantee Issue Amount	Employee \$180,000, Spouse \$50,000, Children \$10,000	
Portability included.	At age 70, benefit reduces to 65% of original benefit amount; at age 75, benefit reduces to 45% of original benefit amount	
Mutual of Omaha Disability	Voluntary Short Term Disability (STD)	Employer Paid Long Term Disability (LTD)
Benefit Amount	60% of pre-disability weekly earnings	60% of pre-disability monthly earnings
Maximum Benefit	\$1,000 per week	\$7,000 per month
Elimination Period	7 days accident; 14 days sickness	90 days
Benefit Duration	12 weeks accident; 11 weeks sickness	SSNRA (Social Security Normal Retirement Age)
Pre-Existing	3 months prior/12 months insured	3 months prior/12 months insured
Flexible Spending Account (FSA)		
Annual Medical Savings Limit	\$2,700 maximum for 2019 (\$500 rollover included)	
Annual Dependent Care Limit	\$5,000 maximum for 2019	
Benefit Year	January 1 - December 31	
Mutual of Omaha Accident		
Allstate Cancer		
CIGNA Heart Attack and Stroke		

Contact Information

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Julia Williams - Benefits Coordinator
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Assured Benefits Administrators
800-247-7114
www.abadmin.com

Mutual of Omaha
Life Claim 800-775-8805
Disability Claim 800-877-5176
www.mutualofomaha.com

Allstate
Daphne Lyons 601-310-7110
Claims 800-348-4489
specializedbenefits@gmail.com

Ameritas
800-659-2223
www.ameritas.com

CIGNA
Philip Jabour 601-613-5050
philipjabour@bellsouth.net

MS Physicians Care Network
601-605-4756 / 800-931-8533
www.mpcn-ms.com

Mississippi Health Partners
601-355-7034 / 800-748-1879
www.mhpartners.com

HealthLink of MS
www.healthlinkppo.com

MultiPlan
800-922-4362
www.multiplan.com

This information is only a summary and is not intended to provide a full description of each plan.
Additional copays and/or fees may apply as stated in plan document.



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Rates		Monthly	Semi-Monthly
Medical Buy-Up Plan	Employee Only	\$30.00	\$15.00
	Empl & Spouse	\$658.00	\$329.00
	Empl & Child(ren)	\$334.00	\$167.00
	Empl & Family	\$852.00	\$426.00
Medical Base Plan	Employee Only	\$0.00	\$0.00
	Empl & Spouse	\$405.00	\$202.50
	Empl & Child(ren)	\$193.00	\$96.50
	Empl & Family	\$561.00	\$280.50
Dental	Employee Only	\$35.00	\$17.50
	Empl & Spouse	\$85.00	\$42.50
	Empl & Child(ren)	\$80.00	\$40.00
	Empl & Family	\$117.00	\$58.50
Vision	Employee Only	\$0.00	\$0.00
	Empl & Spouse	\$11.00	\$5.50
	Empl & Child(ren)	\$12.00	\$6.00
	Empl & Family	\$18.00	\$9.00
Hearing	Employee Only	\$0.00	\$0.00
	Empl & Spouse	\$2.50	\$1.25
	Empl & Child(ren)	\$1.50	\$0.75
	Empl & Family	\$3.00	\$1.50
Vol Life & AD&D - Employee		Based on age and amount of benefit applied for	
Vol Life & AD&D - Spouse		Based on age and amount of benefit applied for	
Vol Life & AD&D - Child		\$2.40	\$1.20
Vol Short Term Disability		Based on age and amount of benefit applied for	
Long Term Disability		No charge to the employee	
Accident	Employee Only	\$12.35	\$6.18
	Empl & Spouse	\$20.47	\$10.24
	Empl & Child(ren)	\$25.40	\$12.70
	Empl & Family	\$34.15	\$17.08
Cancer - Low Plan	Employee Only	\$24.36	\$12.18
	Empl & Spouse	\$38.06	\$19.03
	Empl & Child(ren)	\$34.10	\$17.05
	Empl & Family	\$47.78	\$23.89
Cancer - High Plan	Employee Only	\$31.51	\$15.76
	Empl & Spouse	\$49.66	\$24.83
	Empl & Child(ren)	\$44.69	\$22.35
	Empl & Family	\$62.82	\$31.41
Heart Attack and Stroke		Based on coverage tier and amount of benefit applied for	