



Catholic Diocese of Jackson

Full Time Offering
Effective July 1, 2021



CDJ Medical		90% / 70% Plan		80% / 60% Plan	
Plan Design		Reta Trust Buy-Up Plan - Blue Shield		Reta Trust Base Plan - Blue Shield	
Network		Medical Networks: Blue Cross Blue Shield		Medical Networks: Blue Cross Blue Shield	
Benefit Features		In-Network	Out of Network	In-Network	Out of Network
Preventive Care		100% No Ded	70% after Ded	100% No Ded	60% after Ded
Annual Deductible	Individual Family		\$750 \$1,500		\$1,500 \$3,000
Coinsurance		90% after Ded	70% after Ded	80% after Ded	60% after Ded
Annual Out-of-Pocket Max		Ded Included	Ded Included	Ded Included	Ded Included
	Individual	\$3,000	\$6,000	\$6,000	\$12,000
	Family	\$6,000	\$12,000	\$12,000	\$24,000
Physician Services		OV only		OV only	
	Office Visits	\$20 Copay	70% after Ded	\$25 Copay	60% after Ded
	Specialist	\$35 Copay	70% after Ded	\$40 Copay	60% after Ded
	Inpatient Services	90% after Ded	70% after Ded	80% after Ded	60% after Ded
	Outpatient Services	90% after Ded	70% after Ded	80% after Ded	60% after Ded
Facility Services					
	Inpatient Services	90% after Ded	70% after Ded	80% after Ded	60% after Ded
	Outpatient Surgery	90% after Ded	70% after Ded	80% after Ded	60% after Ded
	Emergency Room Services	\$100 copay then 90%	70% after Ded	80% after Ded	60% after Ded
Prescription Card		No Ded - \$10/\$25/\$45	Must file a claim	No Ded \$10/\$30/\$50	Must file a claim
Prudential 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			
Delta Dental		Delta PPO Providers		Delta Premier & Out of Network	
Deductible		\$50 Indv - \$150 Family		\$75 Indv - \$225 Family	
Preventive - Exam, X-rays, Cleaning; Fluoride and Sealants for children 15 and under		100%		100%	
Basic - Fillings, Crown Repair, Denture Repair, Simple Extractions, Anesthesia		90% after Ded		80% after Ded	
Major - Onlays, Crowns, Endodontics, Periodontics, Implants, Dentures, Bridge, Complex Extractions.		60% after Ded		50% after Ded	
Annual Dental Maximum		\$1,500		\$1,500	
Child & Adult Orthodontia		50%		50%	
Orthodontia Lifetime Maximum		\$1,000		\$1,000	
VSP Vision		VSP Choice		Out of Network Reimbursement	
Eye Exam		\$10 Copay		up to \$45	
Single Vision Lenses		\$25 Copay		up to \$30	
Bifocal Lenses		\$25 Copay		up to \$50	
Trifocal Lenses		\$25 Copay		up to \$65	
Frames		\$150 Retail Allowance		up to \$70	
Contact Lenses - Elective		\$150 Allowance		up to \$105	
Frequency		once every 12 months for exams, lenses and contact lenses and once every 24 months 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)					



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Prudential 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	
Prudential Disability	Voluntary Short Term Disability (STD)	Voluntary 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 2021 -2022 (\$500 rollover included)	
Annual Dependent Care Limit	\$5,000 maximum for 2021	
Benefit Year	July 1, 2021 - June 30, 2022	
Prudential Accident Allstate Cancer		

Contact Information

Renee Carpenter - Benefits Administrator
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renee.carpenter@jacksondiocese.org
M - F 8:30 am - 4:30 pm

Stephanie Russell - Payroll and Benefits Coordinator
601-960-8454 / 601-960-8464 fax
payroll-benefits@jacksondiocese.org
M - F 8:30 am - 4:30 pm

Blue Shield
888-772-1076

www.blueshieldca.com

Prudential Life & Disability
Life Claim 800-524-0542

Disability Claim 800-842-1718
www.prudential.com/mybenefits

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

Delta Dental
800-765-6003

www.deltadentalins.com

VSP

800-877-7195

www.vsp.com

CVS Pharmacy

800-844-0719

www.caremark.com

**Benefit Allocation Systems
Flexible Spending Account**

800-945-5513

www.basusa.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	\$34.00	\$17.00
	Empl & Spouse	\$750.00	\$375.00
	Empl & Child(ren)	\$375.00	\$187.50
	Empl & Family	\$815.00	\$407.50
Medical Base Plan	Employee Only	\$0.00	\$0.00
	Empl & Spouse	\$500.00	\$250.00
	Empl & Child(ren)	\$275.00	\$137.50
	Empl & Family	\$720.00	\$360.00
Dental	Employee Only	\$42.00	\$21.00
	Empl & Spouse	\$91.00	\$45.50
	Empl & Child(ren)	\$68.00	\$34.00
	Empl & Family	\$115.00	\$57.50
Vision	Employee Only	\$7.00	\$3.50
	Empl & Spouse	\$14.00	\$7.00
	Empl & Child(ren)	\$14.00	\$7.00
	Empl & Family	\$23.00	\$11.50
Core Life & AD&D - Employee		No charge to the employee	No charge to the employee
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	
Vol Long Term Disability		Based on age and amount of benefit applied for	
Accident	Employee Only	\$12.08	\$6.04
	Empl & Spouse	\$18.74	\$9.37
	Empl & Child(ren)	\$17.64	\$8.82
	Empl & Family	\$28.65	\$14.33
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