



Catholic Diocese of Jackson



Part Time Offering Effective July 1, 2021

Delta Dental	Delta PPO Providers	Delta Premier & Out-Of Network Providers	
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 Deductible	80% after Deductible	
Major - Onlays, Crowns, Endodontics, Periodontics, Implants, Dentures, Bridge, Complex Extractions.	60% after Deductible	50% after Deductible	
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)			
Flexible Spending Account (FSA)			
Annual Medical Savings Limit	\$2,700 maximum for 2021 - 2022 (\$500 rollover included)		
Annual Dependent Care Limit	\$5,000 maximum		
Benefit Year	July 1, 2021 - June 30, 2022		
Rates	Monthly	Semi-Monthly	
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

Contact Information

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Delta Dental
800-765-6003
www.deltadentalins.com

VSP
800-877-7195
www.vsp.com

**Benefit Allocation Systems
Flexible Spending Account**
800-945-5513
www.basusa.com