



**Catholic Diocese of Jackson  
Priest Plan - Effective July 1, 2021**



<b>CDJ Medical 90% / 70% Plan</b>		
<b>Plan Design Network</b>	<b>Reta Trust - Priest Plan - Blue Shield Medical Networks: Blue Cross Blue Shield</b>	
<b>Benefit Features</b>	<b>In-Network</b>	<b>Out of Network</b>
<b>Preventive Care</b>	100% No Ded	70% after Ded
<b>Annual Deductible</b>	\$250	\$250
<b>Coinsurance</b>	90% after Ded	70% after Ded
<b>Annual Out-of-Pocket Max</b>	\$500 Ded Included	\$1,000 Ded Included
<b>Physician Services</b>		
Office Visits	\$20 Copay	70% after Ded
Specialist	\$35 Copay	70% after Ded
Inpatient Services	90% after Ded	70% after Ded
Outpatient Services	90% after Ded	70% after Ded
<b>Facility Services</b>		
Inpatient Services	90% after Ded	70% after Ded
Outpatient Surgery	90% after Ded	70% after Ded
Emergency Room Services	\$100 Copay then 90%	70% after Ded
<b>Prescription Card</b>	No Ded - \$10/\$20/\$40 Copays	Must file a claim
<b>Prudential Life &amp; AD&amp;D</b>		
\$10,000 life and AD&D coverage	Active Priest - No charge	
\$10,000 life coverage	Retired Priest - No charge	
<b>Delta Dental</b>	<b>Delta PPO Providers</b>	<b>Delta Premier &amp; Out of Network</b>
Deductible	\$50	\$75
Preventive - Exam, X-rays, Cleaning	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
Orthodontia	50%	50%
Ortho Lifetime Maximum	\$1,000	\$1,000
<b>VSP Vision</b>	<b>VSP Choice</b>	<b>Out of Network Reimbursement</b>
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)		

**Contact Information**

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**Blue Shield**  
888-722-1076  
[www.blueshieldca.com](http://www.blueshieldca.com)

**Delta Dental**  
800-765-6003  
[www.deltadentalins.com](http://www.deltadentalins.com)

**VSP**  
800-877-7195  
[www.vsp.com](http://www.vsp.com)

**CVS Pharmacy**  
800-844-0719  
[www.caremark.com](http://www.caremark.com)

**Benefit Allocation Systems  
Flexible Spending Account**  
800-945-5513  
[www.basusa.com](http://www.basusa.com)

**Prudential Life Insurance Life**  
Claim 800-524-0542  
[www.prudential.com/mybenefits](http://www.prudential.com/mybenefits)