

Roman Catholic Diocese of Orange



Benefits at a Glance

Effective Period:
July 1, 2020-June 30, 2021



General Information

ELIGIBILITY

- Priests and transitional deacons of the Diocese of Orange who are incardinated and hold an official assignment from the Bishop.
- Full-time Lay employees who regularly work 30 hours or more per week throughout the Diocese are eligible to receive benefits. Each employee's total hours will be reviewed annually. Those 12-month employees exceeding 1500 annual hours or 10-month employees exceeding 1200 annual hours will be eligible to receive benefits in the ensuing year. Part-Time, Seasonal, Temporary and non-Diocesan employees are not eligible for benefits.
- Coverage for contracted schoolteachers generally begins September 1 and continues until August 31 if they complete the school year.
- Legal spouse of the employee.
- Dependent children up to 26th birthday, regardless of student status. Coverage termination takes place on the last day of the dependent's birth month.
- Unmarried dependent children who are totally disabled due to a physical or mental handicap continue to be covered regardless of age. However, employee must claim disability status within 31 days of the dependent reaching the age of 26. The Claims Adjuster may require proof of disability as necessary, but not more than once a year if the child has been covered as a disabled dependent child for 2 years.

EFFECTIVE DATE OF COVERAGE

- Coverage begins on the first day of the month following the date of hire for benefit-eligible employees.
- Plans and benefits described in this guide are effective only from July 1, 2020 through June 30, 2021.

ENROLLING IN THE PLAN

- To enroll in the Plan, eligible employees must log onto www.RetaTrust.org (or submit an enrollment form to their business manager) to complete their enrollment. This process must be completed within 31 days of becoming eligible.
- All employees who enroll their dependents in the medical, dental or vision plans will be required to provide documentation in order for their dependent's coverage to be approved. The purpose of this requirement is to ensure that all dependents enrolled in the plan meet eligibility guidelines so that only eligible dependents are covered. This process must be completed within 31 days of becoming eligible.
- If not enrolled during the initial 31-day period, enrollment must wait until the following annual Open Enrollment period, which usually takes place around May of each year.
- A Special Enrollment Period may be available when an eligible employee experiences a Qualified Life Event recognized by the Plan, such as loss of coverage under another group plan, acquiring a new dependent spouse or child, or changes in employment status.

COVERAGE REMINDERS

- The Reta Trust prescription drug plans meet Medicare Part D guidelines for credible coverage.
- The Affordable Care Act requires that all legal residents are required to have minimum essential coverage. Coverage through the Reta Trust satisfies the minimum essential coverage requirement.
- All employees are strongly encouraged to review and update medical benefit elections and life insurance beneficiary designations during Open Enrollment.
- Current benefit elections and beneficiary designations will continue if no changes are made during Open Enrollment.

Reta Medical Plans Overview

This comparison is designed to be a brief overview of the health plan offerings of the Reta Trust.
See the Summary Plan Description for a full description of covered provisions, limitations, and exclusions.

BENEFITS *	Anthem Blue Cross Plan #1056 **		Anthem Blue Cross Plan #1139	Kaiser Permanente Plan #4001
	Tier 1 *** Providence St. Joseph	Tier 2 **** Anthem Network		
Coinsurance Percentage In-Network / Out-of-Network	100% / 0%	90% / 0%	80% / 0%	100% / 0%
Calendar Year Deductible ▪ Individual / Family Waived for routine physical exams, diagnostic x-ray & labs for routine physical exams, and immunizations.	\$100 / \$200	\$200 / \$400	\$1,000 / \$2,000	\$0 / \$0
Annual Out-of-Pocket Maximum ▪ Individual / Family	\$900 / \$2,600	\$1,200 / \$3,600	\$5,000 / \$10,000	\$1,500 / \$3,000
Office Visit Copay / Specialist Copay	\$25 / \$25	\$30 / \$30	\$25 / \$40	\$15 / \$15
Hospital Copay per Admission	\$250	10% of eligible charges	20% of eligible charges	\$250
Emergency Room Copay Waived if admitted	\$100	\$100	\$200, then 20% of eligible charges	\$100
Urgent Care Copay	\$25	\$30	\$25	\$15
Mental Health / Chemical Dependency*** ▪ Inpatient ▪ Outpatient	\$250 per admission \$25 Copay	10% of eligible charges \$30 Copay	20% of eligible charges \$40 Copay	Mental Health Inpatient: \$250 per admit Outpatient: \$15 Copay Substance Abuse Inpatient: \$100 per admit Outpatient: \$15 Copay
Outpatient Surgery***	No charge	10% of eligible charges	20% of eligible charges	\$15 Copay
Diagnostic Services*** Lab Tests, X-Rays, MRI, CT, PET	No charge	10% of eligible charges	20% of eligible charges	No charge
Adult Routine Exams and Preventative Svcs Office visit copay may apply if billed separately	No charge	No charge	No charge	No charge
Well Child Care (Birth to Age 7) Office visit copay may apply if billed separately	No charge	No charge	No charge	No charge
Allergy Treatment and Serum*** Office visit copay may apply	\$25 Copay	\$30 Copay	\$25 Copay	\$15 Copay (Testing) \$5 Copay (Injections)
Chiropractic***	\$25 Copay 24 visits per calendar year	\$30 Copay 24 visits per calendar year	\$40 Copay 24 visits per calendar year	\$15 Copay 24 visits per calendar year
Physical Therapy***	No charge 24 visits per calendar year	10% of eligible charges 24 visits per calendar year	\$40 Copay 24 visits per calendar year	\$15 Copay
Skilled Nursing Facility*** Pre-authorization required	No charge 100 days per calendar year	10% of eligible charges 100 days per calendar year	20% of eligible charges 100 days per calendar year	No charge 100 days per calendar year
Hearing Aids	Not covered	Not covered	Not covered	Not covered

* Refer to [Summary of Benefits and Coverage](#) for comprehensive statement of what plan covers and what you pay for services.

** Anthem 1056 offers two co-insurance Tiers. Lower cost when choosing providers through Providence St. Joseph Health network (Tier-1).

*** Tier-1 Providence St. Joseph network providers can be searched at: <https://www.stjosephhoaghealth.org/rcbo/find-a-doctor/>

**** Outside referrals from a network provider to a non-Providence St. Joseph ancillary provider may be billed at Tier-2 co-insurance.

Reta Medical Plans Overview (continued)

- Office visit copay may apply for services administered in a physician’s office.
- Procedures administered during an office visit may be applied toward calendar year deductible.
- You are responsible for satisfying your calendar year deductible before coinsurance benefits are applied.
- All non-emergency services **MUST** be within the respective provider network. There are generally **NO coinsurance benefits** for services obtained from **out-of-network** providers. Exceptions require prior written authorization from the Reta Trust.
- For Anthem plans, all eligible health care expenses charged by an out-of-network provider (including services in connection with emergency care) are limited to the reasonable and customary amount that has been established for that service.

Reta Prescription Plans

Prescription Drugs	EnvisionRx Anthem Plan #1056	EnvisionRx Anthem Plan #1139	Kaiser Plan #4001
	Generic / Brand / Non-Preferred	Generic / Brand / Non- Preferred	Generic / Brand
▪ Retail (30 days)	\$10 / \$20 / \$40	\$10 / \$30 / \$50	\$10 / \$20
▪ Mail Order (90 days)	\$20 / \$40 / \$80	\$20 / \$60 / \$100	\$20 / \$40
▪ Specialty (30 days)	\$30	\$50	\$10 / \$20

RETA VALUE OPTION: Market-Based Drug Program

Employees enrolled in the Anthem/St. Joseph program will be automatically enrolled to participate in the Reta Value Option Market-Based Drug Program. Kaiser members are subject to the formulary established by Kaiser Permanente guidelines.

Market Priced Drugs: Reta Value Options

Many brand-name medications have therapeutic equivalents that are generics, brands, or over-the-counter (OTC) medications available that cost less and are FDA-approved drugs with similar effectiveness. Market priced drugs are:

- The most cost-effective FDA-approved drugs (generics, brands or OTC equivalents) that provide a therapeutically equivalent result, based on available medical evidence.
- Designated as the formulary drug for each therapeutic category (a therapeutic category is a group of drugs that treat a given diagnosis, such as statins used to treat high cholesterol).

How Market-Based Pricing Works

Under Market-Based Pricing, you can choose to continue to use a drug that has a lower-priced, formulary drug equivalent, but Reta will pay only the amount it would have paid for the therapeutically similar drug that costs less (the market-priced drug). You will pay the difference between the full market price of your prescription and the full market price of the lowest cost therapeutic alternative plus the copay for the lowest cost therapeutic alternative.

The Plan’s contribution for all therapeutic alternatives is based on what the Plan currently contributes to the lowest cost alternative. The Plan does not provide a greater subsidy or benefit for more expensive, therapeutically similar, medications.

Further details are available in the Reta Benefits Center; participating employees will receive a letter from EnvisionRx.

Reta Delta Dental of California



Your dental program is through Delta Dental of California and allows you to use any licensed dentist; however, your out-of-pocket expense is less when a Delta Dental PPO dentist is used. More information can be found in the Reta Benefits Center.

DESCRIPTION	DELTA DENTAL IN-PPO DENTISTS	PREMIER/OUT-OF-PPO NETWORK DENTISTS
CALENDAR YEAR DEDUCTIBLE	\$50/person; \$150/family each calendar year	\$75/person; \$225/family each calendar year
MAXIMUM CALENDAR YEAR BENEFIT	\$2,000	\$2,000
PREVENTIVE PROCEDURES – check-up, cleanings, x-rays	Pays 100%	Pays 100%
BASIC PROCEDURES – fillings, simple extractions	Pays 90%	Pays 80%
MAJOR PROCEDURES – crowns, bridges, dentures	Pays 60%	Pays 50%
ORTHODONTIA – adults and dependent children	Pays 50% (\$1500 lifetime max per individual)	Pays 50% (\$1500 lifetime max individual)

IMPORTANT NOTES

- Deductible is waived for diagnostic and preventive services.
- Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

Reta VSP Vision Service Plan



DESCRIPTION	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER
ANNUAL MAXIMUM	None	\$25
EYE EXAMINATION – One every 12 months	\$10 Copay	\$45 allowance
MATERIAL COPAYMENT	\$25 Copay	N/A
FRAMES – One every 24 months	\$150 allowance	\$70 allowance
LENSES – One pair every 12 months <ul style="list-style-type: none"> • Single vision • Lined Bifocal • Lined Trifocal • Lenticular • Standard/Premium Progressive Lenses 	No charge No charge No charge No charge \$40	\$30 allowance \$50 allowance \$65 allowance \$100 allowance \$50 allowance
CONTACT LENSES – One pair every 12 months <ul style="list-style-type: none"> • Medically Necessary • Elective 	No charge \$150 allowance	\$210 allowance \$105 allowance

IMPORTANT NOTES

- This Vision Plan is underwritten by Vision Service Plan.
- No vision cards provided. Have vision providers confirm eligibility and benefits.
- Costco is now a VSP Choice Network provider.
- The frame allowance is \$80 at Costco.
- The copay does not apply for elective contact lenses (does apply for medically necessary contact lenses).



Long-term Disability Plan with the Hartford

Your Long-term Disability Plan provides financial protection for employees of the Diocese of Orange by paying a portion of their income during a covered disability. **LTD coverage is provided at no cost to all benefit-eligible employees, even if other benefits are waived.**

DISABILITY DEFINITION	Typically, disability means that you cannot perform with reasonable continuity the essential duties necessary to pursue your usual occupation in the usual or customary way. Disability is defined in The Hartford's certificate with your employer.
MONTHLY BENEFIT	Lay employees receive 60% of monthly earnings, up to a maximum monthly benefit of \$6,000. Priests receive 66.67% of monthly earnings, up to a maximum monthly benefit of \$3,000. LTD benefits may be reduced by other sources of income.
EARNINGS DEFINITION	Pre-disability earnings means your monthly average of earnings from your employer based on your Statement of Wages Earned and Taxes Withheld (Form W-2) for the one full tax year immediately prior to the last day you were actively at work.
ELIMINATION PERIOD	Benefit payments begin after 90 days of total disability.
MAXIMUM PERIOD OF PAYMENT	Hartford will send you a payment each month up to the maximum period of payment. After you have been receiving a disability benefit for 24 months, your coverage may be capped at 20% of your pre-disability earnings if you have not been approved for Social Security Disability Insurance or are not currently working under the Return to Work Incentive.

Basic Life and Accidental Death & Dismemberment with The Hartford

Your Basic Life and Accidental Death & Dismemberment plan provides your family with valuable financial protection in the event of your death or dismemberment while actively employed by the Diocese of Orange. **Basic Life and AD&D coverage is provided at no cost to all benefit-eligible employees, even if other benefits are waived.**

BENEFIT AMOUNT	\$25,000
REDUCTION SCHEDULE	Benefits are reduced by 50% at age 70.
BENEFICIARY DESIGNATION	All benefit eligible employees must designate one or more beneficiaries.

Voluntary Life with The Hartford

Your Voluntary Life Insurance plan provides your family with supplemental protection, above Basic Life coverage, in the event of your death while actively employed by the Diocese of Orange. Voluntary Life plans are available for additional cost.

BENEFIT AMOUNT, EMPLOYEE	Increments of \$10,000 to a maximum of \$500,000 (subject to underwriting approval)
BENEFIT AMOUNT, SPOUSE	Increments of \$10,000 to a maximum of \$500,000 (subject to underwriting approval)
BENEFIT AMOUNT, CHILD(REN)	Levels of \$2,500, \$5,000, \$7,500 or \$10,000 per child (age 6 months to 20 years)
BENEFIT AMOUNT, CHILD(REN)	\$1,000 (age 14 days to 6 months)

Employee Assistance Program with The Hartford Ability Assist Counseling Services

The work-life balance Employee Assistance Program (EAP) can help employees find solutions for everyday challenges of work and home, as well as for more serious issues involving emotional and physical well-being. EAP services are provided at no cost to the employee. Covered topics include:

<p>Emotional & Mental Health</p> <ul style="list-style-type: none"> • Stress, Anxiety and Depression • Anger Management • Grief and Loss • Life Transitions • Illness and Disability <p>Family</p> <ul style="list-style-type: none"> • Parent-Child Conflicts • Coping with Serious Illnesses • Elder Care Issues • Single Parenting • Child Care Issues <p>Relationships and Marriage</p> <ul style="list-style-type: none"> • Separation and Divorce • Communication Problems • Conflict Resolution • Domestic Violence 	<p>Workplace</p> <ul style="list-style-type: none"> • Reorganizations • Workplace Conflicts • Harassment • Team Building <p>Substance Abuse/Addictions</p> <ul style="list-style-type: none"> • Alcohol and Drug Problems • Prescription Drug Misuse <p>Financial</p> <ul style="list-style-type: none"> • Problem Gambling • Household Budgeting • Credit Counseling • Retirement Planning <p>Legal</p> <ul style="list-style-type: none"> • Civil and Consumer Issues • Criminal Legal Issues
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Medicare Assistance with SGIA

The Reta Trust has partnered with Strategic Growth Insurance Associates (SGIA) to provide Medicare eligible employees and dependents access to expert guidance and services. SGIA specializes in all areas of Medicare, including Medicare Part A, Part B, Part C, Part D, and Medicare Supplement Plans.

SGIA is dedicated to simplifying Medicare by providing essential support with maximum benefit and works one-on-one with individuals to match their unique needs with appropriate Medicare plan options. A thorough examination of all available Medicare options may increase benefits and reduce costs.

Medicare Assistance Services include:

- Individual evaluations by certified and licensed consultants to determine specific benefit needs.
- Through analysis of all major Medicare plans to match individual needs and affordability.
- Complete enrollment assistance and continued support for all your healthcare needs.
- Confidential and expert guidance is provided at no cost to the employee.

If you, or your dependents, are eligible to receive Medicare benefits, a Medicare plan may offer higher benefits at lower costs. SGIA is contracted and licensed with major health insurance carriers nationwide. To review your Medicare options, contact SGIA at (888) 845-0449 or email reta@sgiainc.com.

FOCUS Health Management Program

The Diocese of Orange is committed to supporting the health and well-being of our employees. FOCUS brings you to the center of interest. Our goal is to help you become the best version of yourself- in mind, body and spirit! We encourage all employees to consider the big picture of health and well-being: it is multidimensional. Reflect on not only physical health, but also emotional, spiritual, social, occupational, financial and intellectual well-being. Individuals who balance all aspects of health are more likely to handle life's stressors and be happy.



Our FOCUS program components include FOCUS e-newsletters, educational communications, webinars, onsite presentations and fitness challenges. Diocesan employees are eligible for **Lifestyle Coaching** with the Wellness Coordinator for more individualized, lifestyle consultation focusing on chronic diseases, especially diabetes and weight management. Topics may include nutrition, fitness tips, stress management resources, work-life balance, health plan benefits, and more.

Communications, including recorded videos and health-related blogs are regularly posted to the FOCUS website at www.focus.rcbo.org.

Questions? Contact the Diocese of Orange's Wellness Coordinator, Linda Gigliotti, MS, RDN, CDE, CSOWM at (714) 282-6054 or lgigliotti@rcbo.org.

NEW! Livongo for Diabetes

Livongo is an innovative diabetes management program whose mission is to improve the lives of people with diabetes. Health management support is personalized to help you manage blood glucose and lifestyle habits. Enrolled members will receive an advanced blood glucose meter, unlimited strips and lancets, and personalized coaching at no cost.



Members enrolled in Reta Anthem medical plans and their covered dependents over the age of 14 years living with type 1 or type 2 diabetes are eligible.

Register at join.livongo.com/RETA/register or call (800) 945-4355 with code: RETA.

Digestive Health Management with Vivante GIThrive®

GIThrive® is a condition management plan provided by Vivante Health, a healthcare company specializing in digestive diseases including Crohn's, colitis, celiac, gastroesophageal reflux disease (GERD), and irritable bowel syndrome (IBS).



GIThrive® is designed to simplify digestive health by bringing together, in one place, everything needed to manage gastrointestinal conditions. With the GIThrive® benefit, members receive personal food plans, tailored to their body, and have 24/7 access to a team of digestive health experts including a pharmacist, dietitian and life-work coach.

GIThrive® is powered by a mobile app and web portal that have built-in intelligence to learn about the member, their GI health and trigger foods. Using this insight, the system, along with a team of gut health experts, will build a personalized plan around the member.

This benefit is available to any member enrolled in a Reta medical plan and their enrolled dependents, age 14+. Members can visit <https://welcome.vivantehealth.com/reta> to register. Additional information is also available on the Reta Benefits Center (RBC) at www.RetaTrust.org.

ConditionCare for Anthem Members

ConditionCare is a disease management program available to employees and their dependents enrolled in an Anthem Blue Cross medical plan. ConditionCare is designed to help improve health outcomes and control health care costs associated with:

- Asthma (pediatric & adult)
- Diabetes (pediatric & adult, Type I & Type II)
- Chronic Obstructive Pulmonary Disease (COPD)
- Coronary Artery Disease
- Heart Failure

Program features include:

- Support of your physician's plan of care
- Access to Nurse Care Managers for one-on-one coaching
- Support from multi-disciplinary team of health professionals such as dietitians and pharmacists
- Care coordination and integration to achieve optimal outcomes

You are encouraged to download the free Engage Wellbeing app from the App store or Google Play and connect with the ConditionCare program. Additional information is available in the Reta Benefits Center at www.RetaTrust.org.

Employee Medical Plan Rates

DIOCESE OF ORANGE EMPLOYEE MEDICAL RATES EFFECTIVE: 7/1/2020-6/30/2021

ANTHEM PLAN #1056						
Code	Covered Persons	Annual	Monthly	B/W 12-mo	B/W 11-mo	B/W 10-mo
MED	Employee only	\$ 1,764	\$ 147.00	\$ 67.85	\$ 73.50	\$ 80.18
MED	Employee + 1 Dep.	\$ 8,352	\$ 696.00	\$ 321.23	\$ 348.00	\$ 379.64
MED	Employee + Family	\$ 11,568	\$ 964.00	\$ 444.92	\$ 482.00	\$ 525.82

ANTHEM PLAN #1139						
Code	Covered Persons	Annual	Monthly	B/W 12-mo	B/W 11-mo	B/W 10-mo
MED	Employee only	\$ 768	\$ 64.00	\$ 29.54	\$ 32.00	\$ 34.91
MED	Employee + 1 Dep.	\$ 5,856	\$ 488.00	\$ 225.23	\$ 244.00	\$ 266.18
MED	Employee + Family	\$ 8,136	\$ 678.00	\$ 312.92	\$ 339.00	\$ 369.82

KAISER PLAN #4001						
Code	Covered Persons	Annual	Monthly	B/W 12-mo	B/W 11-mo	B/W 10-mo
MED	Employee only	\$ 1,104	\$ 92.00	\$ 42.46	\$ 46.00	\$ 50.18
MED	Employee + 1 Dep.	\$ 6,000	\$ 500.00	\$ 230.77	\$ 250.00	\$ 272.73
MED	Employee + Family	\$ 8,196	\$ 683.00	\$ 315.23	\$ 341.50	\$ 372.55

DENTAL & VISION						
Code	Covered Persons	Annual	Monthly	B/W 12-mo	B/W 11-mo	B/W 10-mo
D&V	Employee only	\$ 192	\$ 16.00	\$ 7.38	\$ 8.00	\$ 8.73
D&V	Employee + 1 Dep.	\$ 984	\$ 82.00	\$ 37.85	\$ 41.00	\$ 44.73
D&V	Employee + Family	\$ 1,824	\$ 152.00	\$ 70.15	\$ 76.00	\$ 82.91

FOOTNOTES

1. Rates shown above become effective July 1, 2020
2. Details about the plans are available in Benefits-at-a-Glance
3. Dental coverage is with Delta Dental of California
4. Vision coverage is with VSP Vision Service Plan
5. Employee cost is paid through payroll based on 12 months (26 pay periods), 11 months (24 pay periods), or 10 months (22 pay periods) of employment

Frequently Asked Questions

Am I eligible to receive diocesan health benefits?

Full-time Lay employees who regularly work 30 or more hours per week are eligible to receive benefits. All Priests and transitional Deacons of the Diocese are also eligible.

Must I complete the Open Enrollment process?

It is highly recommended that everyone review and confirm their benefit elections, registered dependents, and beneficiary designations during Open Enrollment. If you do not complete Open Enrollment, your current benefits will continue without any changes after July 1st.

When does Open Enrollment begin and end?

Open Enrollment begins Thursday, May 21, 2020 and ends on Friday, May 29, 2020 at midnight. Benefit elections and changes to dependents must be made by the May 29th deadline. Benefit elections, changes to dependents and beneficiary designations take effect on July 1st, 2020.

How can I view or change my medical benefit elections?

Go to www.RetaTrust.org, sign in as “RetaMember” and look for Annual Open Enrollment. Click the GET STARTED HERE pink button and follow the instructions.

Do I have to take medical with dental and vision, or can those be separated?

You can take medical alone or coupled with dental and vision. You can also take dental and vision without taking medical. Dental and vision are bundled and cannot be taken separately.

How does the two-tiered Anthem/Providence St. Joseph Plan # 1056 work?

Employees who enroll in Anthem 1056 will incur lower out-of-pocket costs when receiving medical services from a Providence St. Joseph network physician or facility. Medical services obtained outside of the Providence St. Joseph network, but within the Plan’s Anthem network, will incur slightly higher co-insurance costs to the covered member.

How does the Anthem Plan # 1139 work?

Anthem 1139 is an alternative medical plan at significantly lower cost than Anthem 1056, but comes with higher co-insurance, deductibles, and maximum out-of-pocket costs. The Anthem network of physicians and facilities is the same as Anthem 1056. Tier 1 St. Joseph pricing not available.

Does voluntary life insurance still offer Guarantee Issue amounts for employees/spouses?

Guarantee issues of \$200,000 for employee and \$50,000 for spouses can only be offered to newly hired employees joining the benefits plan for the first time. Current employees wishing to select voluntary life insurance will need to submit the Evidence of Insurability application.

Does the Diocese offer Health Savings Accounts (HSA)?

The Diocese does not offer HSAs, nor has the provision to direct earnings to an outside HSA.

Who do I contact for username, password or other assistance on the RetaEnroll Website?

Contact [RETAENROLL WEBSITE ASSISTANCE](#), Monday to Friday, 5:30 AM to 5:00 PM, PST.

Important Contact Information

RETAENROLL WEBSITE ASSISTANCE	Customer Service (877) 303-7382	www.RetaTrust.org service@retaenroll.org
ANTHEM BLUE CROSS MEDICAL PLAN	Customer Service (888) 722-1077	www.anthem.com/ca
KAISER MEDICAL AND PHARMACY PLAN	Customer Service (800) 533-1833	www.kp.org
PROVIDENCE ST. JOSEPH HEALTH NETWORK	Customer Service (877) 459-3627	TBD
ENVISIONRX PHARMACY PLAN PHARMACY MANAGER FOR ANTHEM MEMBERS	Customer Service (844) 852-7437	www.EnvisionRx.com
DELTA DENTAL OF CALIFORNIA	Customer Service (800) 765-6003	www.deltadentalins.com
VSP VISION SERVICE PLAN	Customer Service (800) 877-7195	www.vsp.com
THE HARTFORD LIFE, AD&D AND DISABILITY PLANS	Customer Service (888) 563-1124	www.thehartford.com
EMPLOYEE ASSISTANCE PROGRAM ABILITY ASSIST COUNSELING SERVICES	Confidential Assistance (800) 964-3577	www.guidanceresources.com
LIVONGO DIABETES MANAGEMENT	Customer Service (800) 945-4355	welcome.livongo.com/RETA
VIVANTE GITHRIVE®	Customer Service (888) 200-5492	www.vivantehealth.com support@vivantehealth.com
COBRA BENEFITS INFORMATION COBRA CONTROL SERVICES, LLC	Customer Service (877) 360-7382	www.myenroll.com service@retaenroll.org
MEDICARE ASSISTANCE PROGRAM STRATEGIC GROWTH INSURANCE ASSOCIATES	Certified Assistance (888) 845-0449	www.sgiacinc.com reta@sgiainc.com
MEDICARE.GOV INFORMATION	(800) MEDICARE (800) 633-4227	www.medicare.gov
DIOCESE OF ORANGE WELLNESS COORDINATOR	(714) 282-6054	lgigliotti@rcbo.org
DIOCESE OF ORANGE HUMAN RESOURCES & BENEFITS OFFICE	(714) 282-6042 (714) 282-3064	bkrupsky@rcbo.org klarson@rcbo.org