Catholic Diocese of Raleigh

2026 Employee Benefits

At A Glance

2026 Benefits At A Glance

What Is Changing?

The following changes will be effective with the new plan year beginning July 1, 2026:

- Carrier change to Reta Trust for Medical and Dental Plans
  - BlueShield of California PPO BlueCard network
  - Delta Dental PPO network
- Carrier change to CVS Caremark for Prescription Drug Plan
- Carrier Change to AllOne Health via Reliance for EAP Plan

What Is Not Changing?

No change to:

- Medical, Dental or Vision plan employee contributions
- Vision benefits
- Life or Disability plans
- Retirement plan
- Workers Compensation benefit
- Savings account limits (calendar year)
  - FSA limits: $3,400 employee / $7,500 household

Open Enrollment

The Annual Benefits Open Enrollment Period for the 2026 plan year is May 12 through May 28 for an Effective Date of 7/1/2026
Open Enrollment for medical, dental and vision must be completed between these dates, and you will be required to enroll yourself and any eligible dependents accordingly via the new online RetaEnroll Portal.
You will not be automatically re-enrolled for 7/1/26. Failure to enroll will default you to a waived benefit status.

You can enroll in medical, dental and vision benefits if you -

- Work at least 30 hours per week
- Are classified as full time

You can cover the following dependents -

- Legal spouse
- Children up to age 26
- Unmarried children of any age who are mentally or physically disabled

Elections made at Open Enrollment will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 30 days.
Qualifying events include:

- Gaining a new dependent by Marriage, Birth, Adoption, or Placement for Adoption
- Loss of Other Coverage
- Loss of Coverage for Medicaid or a State Children's Health Insurance Program
- Gaining eligibility for Medicaid or a State Children's Health Insurance Program

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The Catholic Diocese of Raleigh is proud to offer our employees and their families a comprehensive benefits package that delivers quality coverage at an affordable cost. Our goal is to help employees enjoy happy and healthy lifestyles, while maintaining a work life balance. The purpose of this benefits at a glance is to provide you with a high-level summary of the benefits plans available to you at The Catholic Diocese of Raleigh and the basic features of those plans. For specific details of the plans, always consult the actual plan document.

Medical / Rx Benefits * NEW

Administered by Reta Trust --- www.retatrust.org --- 888.879-7382
BlueShield of California --- www.blueshieldca.com/fad --- 888.772.1076 ; CVS Caremark --- www.caremark.com --- 800.844.0719

	Reta Trust / BlueShield of California BlueCard PPO	
	In Network	**Out of Network**
Calendar Year Deductible (Individual/Family)	$1,000 / $2,000	$1,000 / $2,000
Calendar Year Out-of-Pocket Maximum (Individual/Family)	$5,000 / $10,000	$10,000 / $20,000
Coinsurance	20%	40%
Primary Care Office Visit	$25 copay	40%
Specialist Office Visit	$40 copay	40%
Preventive Care	Covered 100%	40%
Emergency Room	$200 copay + coinsurance	
	CVS Caremark	
Prescription Drugs—Retail Tier 1/2/3/4 (30-day supply)	$10 / $30 / $50 / $50 copay	Not Covered
Prescription Drugs—Mail Order Tier 1/2/3/4 (90-day supply)	$20 / $60 / $100 / $50 copay	Not Covered

Dental Benefits * NEW

Administered by Reta Trust --- www.retatrust.org --- 888.879-7382
Delta Dental --- www.deltadentalins.com --- 888.335.8227

	Reta Trust / Delta Dental PPO	
	In Network	**Out of Network**
Calendar Year Deductible (Individual/Family)	$50 / $150	$75 / $225
Calendar Year Maximum (Per Person)	$1,000	
Preventive Care	Covered 100%	
Basic Services	90% after deductible	80% after deductible
Major Services	60% after deductible	50% after deductible

Vision Benefits

Administered by VSP --- www.vsp.com --- 800.877.7195

	VSP Vision Plan
	In Network
Eye Exam (Once every 12 months)	$10 copay
Lenses (Once every 12 months) Single Vision Bifocal Trifocal Standard Progressive	 $20 copay $20 copay $20 copay $20 copay
Frames (Once every 12 months)	Up to $170 allowance + 20% off balance over the allowance
Contact Lenses (Once every 12 months) Fitting Elective	 Up to $60 copay Up to $170 allowance

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Life and AD&D Insurance

Administered by Reliance Standard

	How it Works	Basic Life and AD&D (Company-paid benefit)	Who Pays for the Benefit
Life and AD&D	You (or your beneficiaries) receive this benefit if you pass away or are seriously injured in an accident	2 times your annual salary (rounded to the next higher $1,000) up to $500,000 Age Reduction: 65% at age 70-74; 50% at age 75+	Diocese

Disability Insurance

Administered by Reliance Standard

	How it Works	Who Pays for the Benefit
Long-term Disability	You receive 60% of your income up to $12,500 per month Approved benefits begin after a 90-day waiting period	Diocese

Employee Assistance Program * NEW

Administered by AllOne Health via Reliance Standard --- www.allonehealth.com/reliance-matrix --- 855.775.4357 --- CODE: RSLI859

	How it Works	Who Pays for the Benefit
EAP	The Employee Assistance Program offers confidential support to all regular full-time and part-time employees and their families for help in matters such as counseling, financial expertise, convenience resources and legal consultations	Diocese

Flexible Spending Account (calendar year)

Administered by Optum Financial --- www.optumfinancial.com --- 877.292.4040

	How it Works	Who Pays for the Benefit
Health Care Spending Account	Pay out of pocket health care costs for self or immediate family members with pre-tax income Pre-tax amount allowed up to the annual IRS limit	Employee
Dependent Care Spending Account	Pay Childcare costs with pre-tax income Pre-tax amount allowed up to the annual IRS limit	Employee

Retirement Plan

Administered by Lincoln Financial Group --- www.lfg.com --- 800.234.3500

	How it Works
403(b)	Employer Core Contribution - 5% of annual salary contributed to designated target date - Contribution may be changed to any funds offered in the plan - 5-year vesting schedule (20% per completed year of service)
403(b) Elective Contribution	Optional Employee Contribution - Auto-deferral of 5% of salary (may opt out at any time) - Match 50% of the first 8% you contribute - Option of pre-tax or after-tax (Roth) or combination of both - Contributions may be made to any of the investment funds offered in the plan, up to the annual IRS limit - 100% vesting on employee contributions and match

Workers' Compensation

Administered by The Hartford --- 800.327.3636 (claims)

	How it Works
Worker's Comp	Covers disability incurred through accident or occupational disease – arising out of, and in the course of, employment – that requires medical, surgical, or hospital treatment **All work-related injuries should be report immediately to the employee's location administrator for a claim to be filed with The Hartford*

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Payroll Deductions

Medical / Vision

Benefit Plan	Medical/Vision 26 Pays	Medical/Vision 20 Pays
Employee	$52.75	$68.58
Employee + Spouse	$338.47	$440.01
Employee + Child(ren)	$174.90	$227.38
Family	$432.93	$562.81

Dental

Benefit Plan	Dental 26 Pays	Dental 20 Pays
Employee	$5.30	$6.89
Employee + Spouse	$22.44	$29.17
Employee + Child(ren)	$20.17	$26.23
Family	$37.29	$48.49