DIOCESE OF BRIDGEPORT

2026 - 2027

Onboarding and Benefits Guide

W-2 Full-Time (30+ Hours) Employees

Parishes | Elementary Schools | Academies | High Schools
Catholic Charities | Cemeteries | Curia

OFFICE OF HUMAN RESOURCES



100 Beard Sawmill Road, Suite 650 | Shelton, CT 06484
www.bridgeportdiocese.org

Contents

Page numbers refer to the numbers printed at the foot of each page.

ONBOARDING

The Four Steps to Onboarding . . . 1
VIRTUS Safe Environment Compliance . . . 2

ENROLLMENT

Benefit Eligibility and Active Enrollment . . . 3
2026-2027 Service Contact List . . . 4
How to Enroll Online using MyEnroll . . . 5
Spousal Attestation, Surcharge and Qualified Life Events . . . 5
Dependent Coverage and RETA Dependent Verification . . . 6

MEDICAL, DENTAL AND VISION

Diocesan Monthly Insurance Rates . . . 7
Four Medical Plan Options Overview . . . 8
Wellvolution, Headspace and Teladoc Health . . . 9
Medicare Education with SGIA . . . 10
Delta Dental PPO . . . 11
VSP Vision Care . . . 12

ADDITIONAL BENEFITS

Flexible Spending Accounts (FSA) . . . 13
Sun Life Voluntary Coverage . . . 13
Employee Assistance Program - Wheeler . . . 14
403(b) Retirement Plan for Lay Employees . . . 15

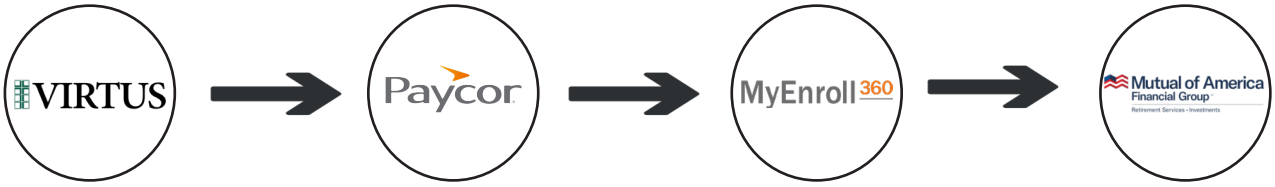
COMPLIANCE AND REQUIRED NOTICES

Reporting a Concern . . . 16
Health and Advocacy Notices . . . 17
Paperwork Reduction Act Statement . . . 19
Premium Assistance Under Medicaid and CHIP . . . 19
Medicaid and CHIP State Contact List . . . 20

Welcome to the Diocese of Bridgeport!

W-2 Full-Time (30+ Hours) Online Onboarding

This administrative onboarding guide is to provide employees working at a Diocesan location and other affiliated organizations with a clear overview of available resources. Visit the Diocesan website for additional information.



Step 1. **Compliance/ pre-boarding**

Step 2. **Payroll Onboarding**

Step 3. **Health & Welfare Benefits**

Step 4. **Retirement**

STEP 1. VIRTUS COMPLIANCE/PRE-BOARDING: To initiate employment *(W-2, 1099 or Volunteer status)*, complete the online Virtus MYB application. Failure to complete this initial step will delay onboarding and may result in being asked to leave the worksite by your HR Business Partner. Complete the mandatory criminal background check, provide three professional references, and complete all Safe Environment course work. Visit Safe Environments Diocesan webpage: www.bridgeportdiocese.org.

STEP 2. PAYCOR PAYROLL ONBOARDING: Upon successful completion of step 1, eligible employees will receive an automated onboarding link via Paycor. **Action is Required** for you to complete Payroll onboarding using a laptop or desktop computer, use Microsoft Edge browser only, bring hard copies and polished printed resume, USCIS eligible and current I-9 document*(s)*, three references, you will upload into Paycor and provide originals to your HR Business Partner at orientation.

- Orientation Schedule details: You must participate on Monday or next business day, *(Tuesday if Monday is a holiday)*. **Attendance is mandatory**, held at 100 Beard Sawmill Rd. Suite 650 Shelton, CT 06484 at 9:00 am, in-person orientation is mandatory prior to reporting to your assigned work location.
  *** New Hire Orientation for School employees are coordinated at the beginning of the academic year and within the school year as needed with the Office of Superintendent.

STEP 3. MyEnroll *(Benefits website)*: Health & Welfare benefits are administered through "MyEnroll" Benefits website. After completing Paycor Payroll onboarding, you will receive an automated registration link *(within 5-7 business days)*. Check your outlook inbox and spam/junk folder for the invitation to register your email address. It is **mandatory** to complete the two-step authentication process to securely upload and access Private Health Information *(PHI)* communications.

STEP 4. MUTUAL OF AMERICA *(MOA)*: Eligible plan participants will receive a welcome letter *(within 7-10 business days)* via U.S. postal service to the address on file. The "Plan" offers an auto enrollment feature that will defer 2% of your eligible earnings from your paycheck automatically. To complete your retirement account enrollment, you must log on to www.mutualofamerica.com.

A PROGRAM AND SERVICE OF
THE NATIONAL CATHOLIC RISK RETENTION GROUP, INC.

VIRTUS® Online

The Safe Environment Office is dedicated to ensuring the safety of all children in our Diocese. Our programs oversee the implementation of Charter mandates including victim assistance, criminal background checks, written Codes of Conduct, and child sexual abuse awareness and prevention training for priests, deacons, lay employees, volunteers, children, and youth.

Human Resources has formally aligned with the Virtus online platform to strengthen compliance oversight, ensuring all regulatory and organizational standards are systematically reviewed and enforced. This is the responsibility of the Lay, Clergy, or Volunteer populations to manage the accuracy of their Virtus record on that website. HR will enforce self-service requirements to maintain employment and/or volunteer status is in good standing at one or multiple Diocesan locations.

Action is required: All New Hires, Clergy, and Volunteers are to complete the class prior to working at any Diocesan and affiliated location. This includes Catholic Charities, Cemeteries, High Schools, Academies, Elementary Schools, Parishes, and Curia. *(e.g., Clergy, W-2 Lay, 1099-Contract, Per-diem, Temporary, Intern workers, and volunteers).*

Following onboarding, Virtus Online serves as the designated self-service platform for maintaining compliance with U.S.C.C.B. Charter requirements on a five-year cycle. Lay employees, clergy, and volunteers are responsible for ensuring that their Virtus records remain current by completing all assigned Safe Environment training, the MYB criminal background check, and the State of Connecticut CHRO two-hour sexual harassment prevention training through Virtus.

Individuals in positions that require operation of a diocesan-insured vehicle must annually self-report to the Office of Safe Environment so that a Motor Vehicle Report *(MVR)* may be completed. Employees who transition into a role that requires driving a diocesan vehicle must also contact their HR Business Partner to request a review of their job description.

Need Assistance?

Erin Neil, L.C.S.W., Director of Safe Environment & Victim Assistance Coordinator
(203) 416-1406 *(Office)* | **(203) 650-3265** *(Mobile)* | **ENeil@diobpt.org**

Valeria Jarrin, Safe Environment Program Associate
(203) 416-1407 *(Office)* | **(203) 209-7347** *(Mobile)* | **Valeria.Jarrin@diobpt.org**

Visit: Safe-Environment-Handbook-2026-06042026.pdf
Visit: Office of Human Resources – Diocese of Bridgeport
Visit: VIRTUS® Online - www.virtusonline.org
For first-time registrant, or I need log in help or password reset: helpdesk@virtus.org

OUR TRACK RECORD AT THE DIOCESE OF BRIDGEPORT



Benefit Eligibility:

As a newly benefit eligible employee of the Diocese of Bridgeport *(a full-time employee regularly scheduled to work 30 hours or more per week either at one or at multiple Diocesan entities)*, your benefits effective date is the first of the month following your eligibility date *(date of hire or date of change to full time status)*, unless this date is the first of the month in which case you are eligible effective immediately. Catholic Cemeteries Division Eligibility: ***(Catholic Cemeteries employees are eligible the first of the month following 60-day(s) of employment.)***

Active Enrollment Required!
Register and authenticate your email address.

Newly benefit eligible employees will receive an email link to register and authenticate your email address. This is to access the online benefits enrollment system through "MyEnroll". Once you have completed your online new hire Payroll onboarding, you will receive a link within 5-7 business days. **Check your spam folders online or speak with your Human Resources Business Partner.**

IMPORTANT! All benefit-eligible employees, whether enrolling in coverage or decline benefits, must log on to the benefits platform at www.myenroll.com. Employees are required to complete registration, authenticate their email address, and complete within 30 days of eligibility. **All eligible employees must access MyEnroll and certify that coverage has been offered.**

MyEnroll 360

Know before you make your online benefits elections!

Need Help with Enrollment?

Website | www.myenroll.com

RETA Trust Customer Service Center | 877-303-7382

Hours of Operation | Monday–Friday | 8:30 am–8:00 pm EST

Visit the diocesan website for ongoing Human Resources training videos visit: www.bridgeportdiocese.org

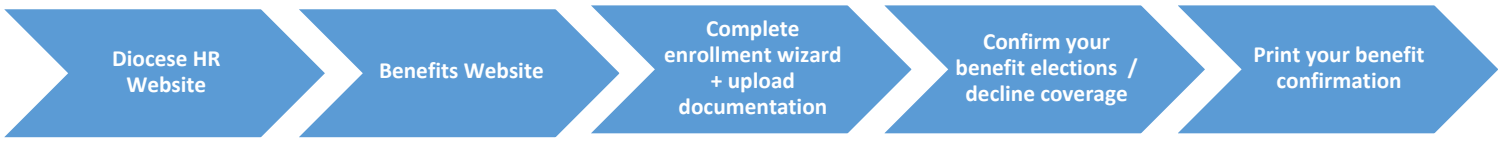
Disclaimer: This document provides a general overview of health coverage contacts and benefit plans offered through Reta Trust and other Diocese of Bridgeport plans. It is not a contract or guarantee of coverage. All benefits are subject to the terms, conditions, and limitations of the official plan documents and applicable federal and state laws, including but not limited to the Affordable Care Act *(ACA)*, ERISA, HIPAA, COBRA, and other applicable regulations. Reta Trust and the Diocese of Bridgeport reserve the right to amend, modify, or terminate any benefit plan at any time, with or without notice, subject to applicable law. Participation in any benefit plan does not create a right to continued employment. If there is any conflict between this document and the official plan documents, the official plan documents will govern. Employees are encouraged to review the Summary Plan Descriptions *(SPDs)*, Summaries of Benefits and Coverage *(SBCs)*, and other official notices for complete details. For questions about coverage, eligibility, or claims, please contact your Human Resources Department or the Reta Trust Customer Service Center at (877) 303-7382.

Diocese *of* Bridgeport
2026—2027 Service Contact List

Service	Provider	Phone	Website / Email
Customer Service Benefit Center	RETA/BAS 8:30 am -8 pm, EST	877-303-7382	service@retaenroll.org | www.retaenroll.org
Medical Plan – Find a Provider	Reta Blue Shield	888-772-1076	www.blueshieldca.com
Employee Assistance Program (EAP)	Wheeler Confidential Counseling	1-800-275-3327	www.wheelereap.org
Pharmacy Plan	Reta CVS	800-844-0719	www.caremark.com
Dental	Delta Dental of California	800-765-6003	www.deltadentalins.com
Vision	VSP	800-877-7195	www.vsp.com
Life & AD&D Insurance & Conversion	Sun Life	800-247-6875	www.sunlife.com
FSA Health / Dependent Care	BAS Claims	800-945-5513	www.basusa.com | www.fsa-central.com
Medicare Support & Education	SGIA	888-845-0449	www.sgiamedicare.com/reta-trust-employee-benefits
Anti-Harassment Reporting Hotline	HR / General Counsel	203-416-1600	hrgcchr@diobpt.org
Payroll & Employment Verification	Paycor	855-565-3285	www.paycor.com | payrolladmin@diobpt.org
Retirement Plan	Mutual of America Lana Robinson / Account Specialist	866-954-4321	www.mutualofamerica.com lana.robinson@mutualofamerica.com
Lay- Defined Benefit Pension Plan	USI (No New Plan Entrants)	888-547-1816	bridgeport.pension@usi.com
COBRA – Continuation of Coverage	COBRA Control Services	888-887-6187	COBRA Control Services, LLC

How to Enroll Online using "MyEnroll" Benefit Website:

The enrollment site is available 24 hours a day, 7 days a week during your New Hire Enrollment period. For employee benefit education, visit the HR Website on the diocesan webpage: www.bridgeportdiocese.org *(If you do not receive the link, call the benefit customer service center.)*



Diocesan Medical Plan Requirements
Spousal Attestation and Surcharge Disclosure Form

To participate in the Diocesan Employer-Sponsored Group Health Plan *(the "Plan"),* employees must complete the required spousal attestation form. The Diocesan Medical Plan includes a spousal surcharge provision and may apply a surcharge to your benefit deductions. This provision is intended to encourage enrollment in available employer-sponsored coverage and help manage Plan costs.

Benefit Eligible Employees enrolling in a spouse must complete the attestation form:

- As a plan-eligible employee, enrolling a legally married spouse within the 30-day enrollment window, you must certify by completing an attestation form. The form can be found on the diocesan website. **Submit your completed form to the HR general email inbox: HR-DOB@diobpt.org.**

- A spousal surcharge in the amount of **$300 per month may apply when an employee elects to enroll their spouse** *(into the EE & Spouse Diocesan Medical Plan)* who is offered or eligible for employer-sponsored group health coverage through another employer.

Qualified Life Events: Your next opportunity to enroll in or change benefits is during our annual open enrollment unless you have a Qualified Life Event *(QLE)* during the year. To make a change outside the open enrollment period under QLE, the IRS requires you to do so within 30 days of one of the events listed below:

- Marriage, Divorce, or Legal Separation
- Birth or Adoption of a child *(Note: you have 60 days to add a newborn or adopted child to your plan.)*
- Death of a Spouse or child
- You or one of your covered dependents gains or loses other benefits due to employment status change *(Change in hours, beginning or ending a job.)*

Call the Benefit Customer Service Center for additional details.

Dependent Coverage:

- During your New Eligibility Enrollment period, you must go online to elect your benefits and enter dependent information *(if applicable)* for this year's benefit plan. Please understand that to enroll your dependents *(spouse and children up to age 26)* into the Reta Trust benefit plans, you will need to provide written verification of their legal family status by uploading accepted documentation into the benefit website.

- Employees enrolling disabled child*(ren)* **over the age 26** will need to complete a Declaration of Disability form. The form is available on the benefits website or the Diocesan website. For questions, contact the Benefits Customer Service Center.

RETA Dependents Verification

Dependent Verification Member Responsibility

Any dependent enrolled in a RETA Coverage plan must be verified as eligible for coverage.

- Employees will be prompted to upload verification documentation for newly added dependents.
- Documentation must be uploaded during an enrollment period (New Hire, Open Enrollment, or Life Event).
- Employees have 30 days to submit the required documentation.

Note: Any coverage assigned to an unverified dependent will be pended for review and approval based on the documentation provided.

Reta Trust
Approved Dependent Validation Documents

Dependent Type	# Docs	Primary Required Document	Secondary Required Document	Tertiary Required Document
Spouse	2	Marriage Certificate	Jointly filed 1040* Separately filed 1040 with same address* Financial document in both names* (within 60 days) Utility bill in both names* (within 60 days) Will not *accept medical bill with both parties name*	N/A N/A N/A N/A N/A
Child to age 26	1	Birth Certificate listing employees name Hospital Birth Record (newborns only)	N/A N/A	N/A N/A
Adoption/ Placed for Adoption	2	*Legal Evidence of* The intent to Adopt	*Legal Evidence that the employee or spouse has either* 1. The right to control the healthcare of the child *or* 2. Assumed a legal obligation for full or partial financial responsibility for the child in anticipation of the child's adoption	N/A N/A N/A N/A N/A
Stepchild	3	Birth Certificate naming spouse as the child's biological parent	Marriage Certificate	Jointly filed 1040* Separately filed 1040 with same address* Financial document in both names*(within 60 days) Utility bill in both names* (within 60 days)
Disabled Dependent	2	Birth Certificate	EE's recent Form 1040 claiming individual as dependent Dependents Form 1040 filed from EE's address SSDI Documentation	N/A N/A
Legal Guardian	1	Court document	N/A	N/A
Foster Child	1	Court document	N/A	N/A

**Not required if marriage is less than 90 days old*

DIOCESAN MONTHLY INSURANCE RATES

7/1/2026- 6/30/2027 Monthly Medical- Employee Rates				
blue california	**Plan A** Revised PPO: Plan 5113	**Plan B** Existing Plan EPO: Plan 5137	**Plan C** NEW EPO: Plan 5136	**Plan D** New Low-Cost Plan Option EPO (ACA) 5142
Employee Only	$368.75	$210.00	$295.00	$177.00
Employee + Spouse	$737.50	$420.00	$590.00	$354.00
Employee + Child(ren)	$590.00	$313.65	$440.00	$264.00
Employee and Family	$877.50	$465.00	$658.40	$395.04
Spousal Surcharge	**$300.00** **A spousal surcharge may be applied when an employee elects coverage for a spouse who is offered or eligible for employer-sponsored group health coverage through another employer.**			

Employee monthly payroll contribution rates are on a 2026–2027 fiscal:

	Plan A Revised PPO: Plan 5113	**Plan B** Existing Plan EPO: Plan 5137	**Plan C** NEW EPO: Plan 5136	**Plan D** New Low-Cost Plan Option EPO (ACA) 5142
Employer Monthly Cost	75%	85%	80%	85%
Employee Monthly Cost	25%	15%	20%	15%

Monthly Dental – 2026-2027 Employee Rates		**Employer Monthly Rates**
Employee Only	**$11.34**	**$45.35**
Employee + Spouse	**$24.60**	**$98.40**
Employee + Child(ren)	**$18.52**	**$74.08**
Employee and Family	**$31.23**	**$124.92**

Monthly Vision – 2026-2027 Employee Rates	
Employee Only	**$5.71**
Employee + Spouse	**$10.83**
Employee + Child(ren)	**$11.55**
Employee and Family	**$18.11**

Four (4) Medical Plan Options Overview

1. **Plan A** – Revised PPO *(in/out of network plan access)*: Plan 5113 PPO, $500 individual/1,000 family deductible, $20 & $35 *(specialist)* office visit copays, $2,000 individual/ $4,000 family in-network out-of-pocket maximum, prescription coverage Rx $10 generic /$20 preferred brand-name /$40 non-preferred-name medicine.

2. **Plan B** –Same Existing Plan EPO *(in-network access only)*: Plan 5137 EPO, $500 individual/ $1,000 family deductible, $25 *(primary/specialist)* office visit copay, $2,500 individual / $5,000 family out-of-pocket maximum, prescription coverage Rx $10 generic /$20 preferred brand-name /$40 non-preferred-name medicine.

3. **Plan C** – New EPO *(in-network access only)*: Plan 5136 EPO, $250 individual /$500 family deductible, $25 *(primary/specialist)* office visit copay, $1,500 individual/$3,000 family out-of-pocket maximum, prescription coverage Rx $10 generic /$20 preferred brand-name /$40 non-preferred-name medicine.

4. **Plan D** – New Low-Cost Plan 5142 EPO Option *(in-network access only)*, $2,500 individual /$5,000 family deductible, $30 primary /$40 specialist office visit copay, $6,000 individual /$12,000 family out-of-pocket maximum, Prescription coverage Rx $20 generic /$40 preferred brand-name/$60 non-preferred-name.

blue california **Plan A** PPO Plan # 5113

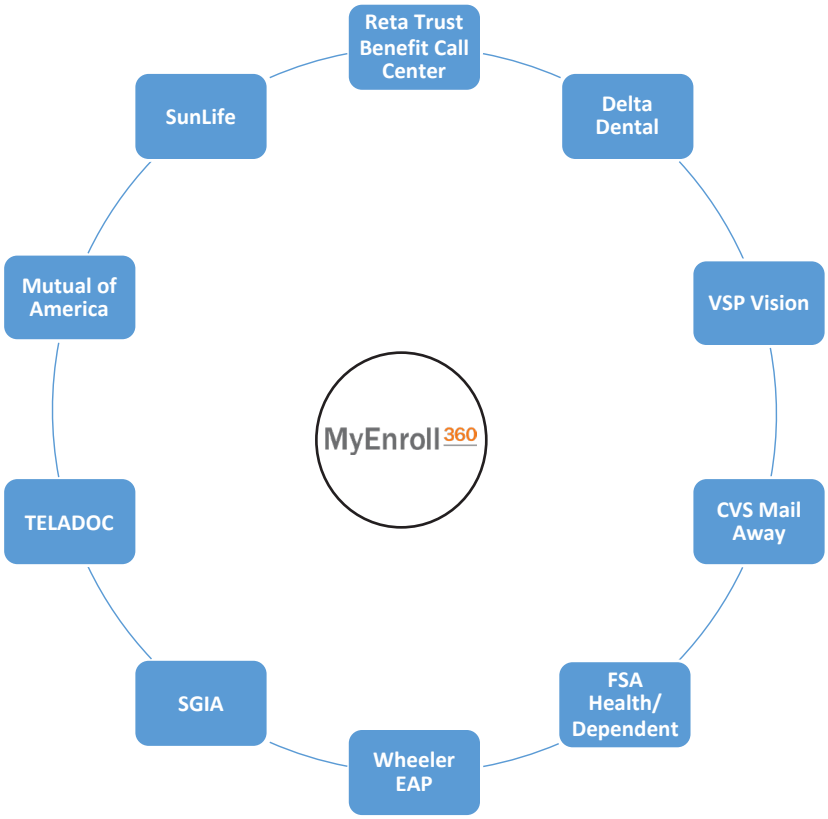
blue california **Plan B** EPO Plan # 5137

blue california **Plan C** Plan EPO # 5136

blue california **Plan D** Plan EPO # 5142

Searching for an in-network provider visit: www.blueshieldca.com & type in code **REA** to search for medical providers.

Note: Medical plan deductibles run on a calendar year, *(Jan-Dec.)*



blue CALIFORNIA

Wellvolution

Take charge of your health with Wellvolution and Headspace



headspace

Headspace is available to all Blue Shield of California members eligible for Wellvolution® who are 18 years of age or over.

As the world's most science-backed meditation app, Headspace can help you reduce stress, increase resilience, and get a better night's rest. By dedicating just a few minutes a day you can join 70 million Headspace members worldwide using meditation to improve mental well-being.

The app includes:

1,000+ hours of exercises to help you live your whole day mindfully.

Feel 14% less stressed in just 10 days

Sleepcasts, music, and bedtime audio for restful nights.

Change your health, change your life.
Visit **www.wellvolution.com/mentalhealth** to get started today.

Get support from licensed medical doctors and mental health professionals no matter where you are with **Teladoc Health® as a Blue Shield member**, you have access to Teladoc Health's national network of U.S. board-certified physicians. General medical care 24/7 or Mental healthcare appointments available 7 am to 9 pm 7 days a week, *(This is not a crisis hotline).*

If you have questions or need help creating an account, call **1-800-Teladoc (835-2362) [TTY: (855) 636-1578]**.
Wait times may vary.

Confidential therapy when you need support

blueshieldca.com/teladochealth

SGIA
MEDICARE CONSULTING

Medicare Education with SGIA

As part of the Diocese of Bridgeport's ongoing commitment to supporting employees, the Diocese is partnering with **SGIA**, a Medicare education and assistance organization. Employees who are approaching Medicare eligibility *(age 65)*, are already eligible for Medicare, or who simply wish to learn more about Medicare options may call and speak with a live representative.

Live TEAMS Virtual Education recording is available on the diocesan HR webpage.



DELTA DENTAL

Keep smiling

Delta Dental PPO™



Check-in without an ID card: You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or Social Security number. If your family members are covered under your plan, they'll need your information. Prefer to have an ID card? Simply log in to your account to view or print your card.

To find Delta PPO dentists participating in the Delta PPO plan and Premier dentists:

- Visit www.deltadentalins.com -> select either the Delta PPO or Delta Premier Network

Benefit Highlights: Delta Dental PPO™

Plan Benefit Highlights for: Reta Trust
(Plan 4A)

Effective Date: 7/1/2026

Eligibility	For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).			
Deductibles	**Delta Dental PPO dentists:** $50 per person / $150 per family each calendar year **Non-Delta Dental PPO dentists:** $75 per person / $225 per family each calendar year			
Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics?	Yes			
Maximums	$1,500 per person each calendar year			
D & P counts toward maximum?	Yes			
Waiting Period(s)	Basic Services None	Major Services None	Prosthodontics None	Orthodontics None

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental PPO dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays and sealants	100%	100%
Basic Services Fillings and posterior composites	90%	80%
Endodontics (root canals) Covered Under Basic Services	90%	80%
Periodontics (gum treatment) Covered Under Basic Services	90%	80%
Oral Surgery Covered Under Basic Services	90%	80%
Major Services Crowns, onlays and cast restorations	60%	50%
Prosthodontics Bridges, dentures and implants	60%	50%
Orthodontic Benefits Adults and dependent children	50%	50%
Orthodontic Maximums	$1,000 Lifetime	$1,000 Lifetime

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

Delta Dental of California	Customer Service	Claims Address
560 Mission St., Suite 1300 San Francisco, CA 94105	888-335-8227	P.O. Box 997330 Sacramento, CA 95899-7330

deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

Revised 3/3/2026

Make Eye Health a Priority with VSP!

Your health comes first with VSP and RETA TRUST - PLAN 2. Take a look at your VSP vision care coverage.



Your VSP Vision Benefits Summary

Prioritize your health and your budget with a VSP plan through RETA TRUST - PLAN 2.

Provider Network:
VSP Choice
Effective Date:
07/01/2026

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP DOCTOR			
WELLVISION EXAM	• Focuses on your eyes and overall wellness • Routine retinal screening	$10 Up to $39	Every 12 months
ESSENTIAL MEDICAL EYE CARE	• Retinal imaging for members with diabetes covered-in-full • Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. • Coordination with your medical coverage may apply. Ask your VSP network doctor for details.	$20 per exam	Available as needed
PRESCRIPTION GLASSES		**$25**	See frame and lenses
FRAME*	• $170 Featured Frame Brands allowance • $150 frame allowance • 20% savings on the amount over your allowance • $80 Walmart/Sam's Club/Costco frame allowance	Included in Prescription Glasses	Every 24 months
LENSES	• Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children	Included in Prescription Glasses	Every 12 months
LENS ENHANCEMENTS	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Anti-glare coating • Average savings of 30% on other lens enhancements	$0 $40 $40 $20	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	• $150 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation)	Up to $60	Every 12 months
ADDITIONAL SAVINGS	**Glasses and Sunglasses** • Discover all current eyewear offers and savings at **vsp.com/offers**. • 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam.		
	Laser Vision Correction • Average of 15% off the regular price; discounts available at contracted facilities.		
	Exclusive Member Extras for VSP Members • Contact lens rebates, lens satisfaction guarantees, and more offers at **vsp.com/offers**. • Save up to 60% on digital hearing aids with TruHearing®. Visit **vsp.com/offers/special-offers/hearing-aids** for details. • Enjoy everyday savings on health, wellness, and more with VSP Simple Values.		

GET MORE AT PREFERRED IN-NETWORK LOCATIONS

With so many in-network choices, VSP makes it easy to maximize your benefits. Choose from our large doctor network including private practice and retail locations. Plus, you can shop eyewear online at Eyeconic®. Log in to **vsp.com** to find an in-network doctor.

To find an in-network eye doctor for your plan: Visit www.vsp.com

Flexible Spending Accounts (FSA):

Flexible Spending Account Plan *("FSA")* offers an easy and convenient way for you to save money on taxes and make your benefit dollars go further. If you participate in a Health Care and/or Dependent Day Care FSA, your employer puts money aside from your paycheck *(before taxes are taken out)* and you use that money to pay for eligible health care and/or dependent day care expenses. *(You must enroll every year to keep your FSA Health and/or dependent care benefits.)* **Important!** You will be required to provide receipts to RETA/BAS for each transaction.

- **2026 Healthcare FSA Maximum Contribution: $3,400**
- **2026 Dependent Care FSA *(DCFSA)*:** Maximum contribution is **$7,500** per household *(or $3,750 for married couples filing separately).*

More information about your FSA Program or about your Debit Credit Card
The Wex Health™
Contact Benefit Allocation Service *(FSA)*
Customer Service Prepaid Benefits Card Contact:
800-945-5513 or visit: www.basusa.com

Sun Life Financial®

Supplemental Benefits



SunLife Voluntary Coverage:

You may choose voluntary benefits through Sun Life, including Life Insurance, Accidental Death & Dismemberment *(AD&D)*, Accident Insurance, and Specified Disease Insurance. Coverage may be elected for yourself, your spouse, and eligible dependent children. If you are enrolling in Sun Life coverage outside of your initial enrollment, you will be required to complete an Evidence of Insurability *(EOI)* form online. Sun Life will review your request and notify both you and your employer if your additional coverage is approved.

Where to locate your SunLife Benefit Highlights Booklet visit: www.bridgeportdiocese.org

How to apply for Sunlife Voluntary Coverage:

Step 1. Elect the coverage via "MyEnroll" Benefits website.
Step 2. Log online to Sunlife to complete the Evidence of Insurability *(EOI)* online application.
(Coverage is subject to underwriting approval.)

Sun Life

Need Additional Sun Life Coverage?
Call Sun Life | 800-247-6875
Apply Online | www.sunlife.com/account

Wheeler | EMPLOYEE ASSISTANCE PROGRAM (EAP)

What is EAP?

The Wheeler EAP is an employer-sponsored benefit that offers confidential services to employees and their family members. When you call Wheeler's EAP, you will receive information, support, and assistance in scheduling an appointment with a licensed mental health professional at a time that is convenient for you.

Our goal is to help you and your family members overcome obstacles that may interfere with your job, health, or general well-being.



As part of the Diocese of Bridgeport ongoing commitment to providing self-Service education and support to our Lay employees and their families, The Wheeler Work/Life website, can be accessed here: www.employeecareonline.com. Once prompted you are asked to login or create an account with an access code, use **WH-DOB** to indicate you have access through Wheeler's program for the Diocese of Bridgeport.

The website provides access to the following resources:

- Legal
- Financial Resources
- Consultations
- Health & Wellness information
- Webinars
- Recipes, and a lot more

EMPLOYEE ASSISTANCE PROGRAM

- Prepaid benefit for employees and their family members
- Confidential consultation, counseling and referral services
- Statewide network of Master's- or PhD-level licensed mental health professionals
- Crisis intervention assistance and support
- Critical incident response services
- Calls answered 24/7



1.800.275.3327

WheelerEAP.org

The Wheeler EAP is a confidential counseling program that provides professional help to employees and their household members for personal, family or workplace problems. From changes in our work life, to increased demands at home, the COVID-19 pandemic introduced new stressors to nearly every aspect of life. As we navigate the aftermath of the crisis, these stressors have become persistent and indefinite, resulting in still-high levels of fatigue, anxiety, and burnout.

Visit the diocesan website for ongoing educational sessions under the HR webpage.

Bridgeport Roman Catholic Diocesan Corporation
403(b) Tax-Deferred Annuity Plan – Lay Employees
Retirement Plan Overview

All "Plan" eligible employees *(those who are regularly scheduled to work at least 30 hours per week in one or more diocesan locations) ("employees")* are eligible as follows:

Employees hired on or after May 1, 2024, are automatically enrolled in the 403*(b)* Plan with a 2% employee deferral. Newly "Plan" eligible employees will receive an information packet delivered to their home mailing address within 7–14 business days. Employees may opt out or change their deferral amount at any time directly through Mutual of America. Mutual of America's My Account online portal provides 24/7 access to manage retirement plan account information at www.mutualofamerica.com.

Employer contributions commence after one year of full-time service *(working 12 months consecutively)*: See SpD for additional detail (posted on diocesan website)

- Following 1 year of service to less than 5 years = 3% of eligible compensation
- 5 years of service or more = 5% of eligible compensation

Vesting Schedule of Employer Contributions:

- 100% vested the first of the month after 4-year anniversary date.

Where to locate additional information:

Retirement Plan document is located on the Diocesan website,
under Human Resources Pre-tax and Roth After-tax savings

Dedicated Diocesan Retirement Plan Account Specialists:

For assistance with: Enrollment/Account Review/ Rollovers, schedule 1:1 meeting	Password Reset/Account Withdrawals/Hardships/Loans
Lana.Robinson@mutualofamerica.com	www.mutualofamerica.com
Mutual of America Team: 860-430-7044	Customer Service: 800-468-3785

Disclaimer: The Information in this document is designed to provide you with an overview of your benefits. For detailed plan information, please refer to the Summary Plan Description *(SPD)*. If there are any discrepancies, the SPD will govern.

2026 New Compliance | Online Reporting A Concern

How to Report a Concern: Harassment, Discrimination, or Sexual Misconduct

Visit https://www.bridgeportdiocese.org/human-resources/report-an-incident/

The Diocese of Bridgeport is committed to fostering a safe, respectful, and professional environment for all employees, clergy, volunteers, and those we serve. Conduct involving harassment, discrimination, or sexual misconduct is strictly prohibited and will not be tolerated under any circumstances.

Any individual who experiences, witnesses, or becomes aware of behavior that may violate Diocesan policies is expected and in certain situations required to report such conduct promptly. Timely reporting enables the Diocese to address concerns appropriately, support those affected, and uphold our shared commitment to dignity and respect.

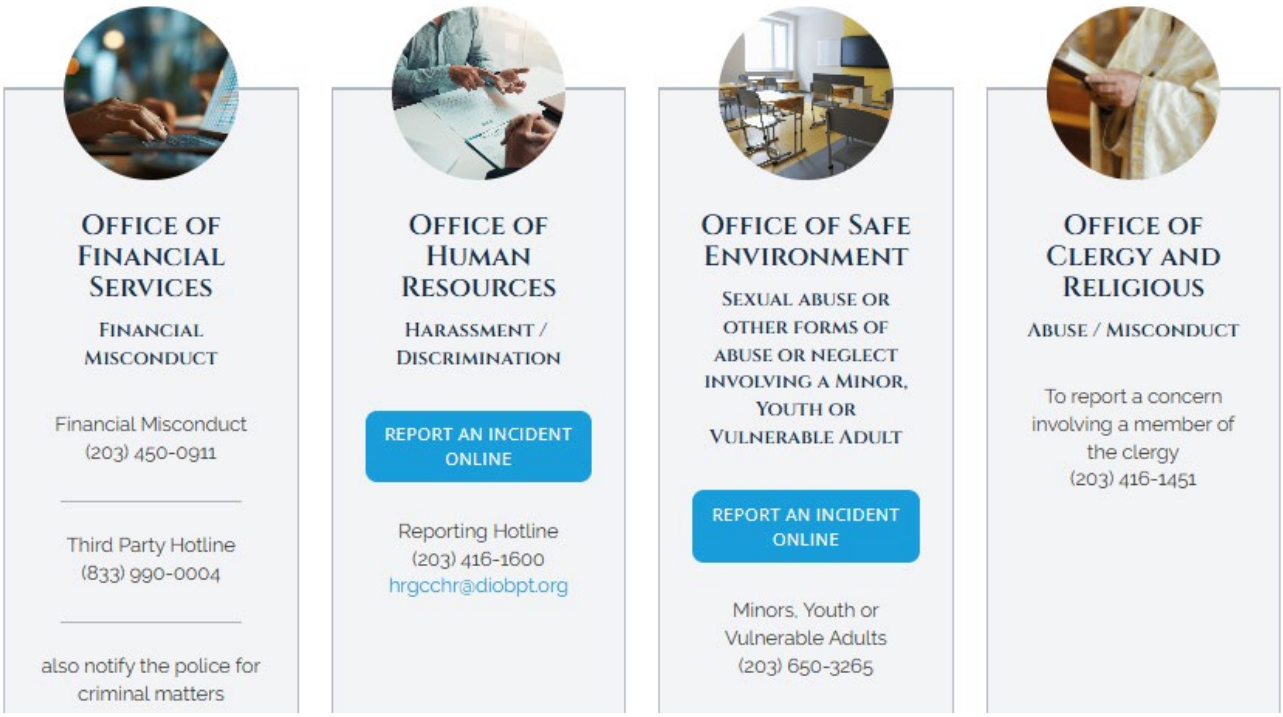
All reports of harassment, discrimination, or sexual misconduct will be handled with the highest degree of discretion and confidentiality, consistent with a thorough and fair review process.

We all share responsibility in maintaining a safe and respectful community. If you see something, say something.

As mandated reporters, we each play an essential role in upholding this commitment.
To ensure concerns are addressed appropriately, the Diocese provides four *(4)* reporting channels:

- Financial Concerns
- Human Resources Concerns
- Safe Environment Concerns
- Clergy Office Concerns

Please refer to the visual guide below for additional directions on selecting the appropriate reporting pathway.



NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT OF 1996 *(NEWBORN'S ACT)* Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours *(or 96 hours as applicable)*. In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours *(or 96 hours)*.

THE WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 *(WHCRA, ALSO KNOWN AS JANET'S LAW)* Under WHCRA, group health plans, insurance companies and health maintenance organizations *(HMOs)* offering mastectomy coverage must also provide coverage for reconstructive surgery in a manner determined in consultation with the attending physician and the patient. Coverage includes reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, and prostheses and treatment of physical complications at all stages of the mastectomy, including lymph edemas. Call your Plan Administrator for more information.

QUALIFIED MEDICAL CHILD SUPPORT ORDER *(QMCSO)* QMCSO is a medical child support order issued under State law that creates or recognizes the existence of an "alternate recipient's" right to receive benefits for which a participant or beneficiary is eligible under a group health plan. An "alternate recipient" is any child of a participant *(including a child adopted by or placed for adoption with a participant in a group health plan)* who is recognized under a medical child support order as having a right to enrollment under a group health plan with respect to such participant. Upon receipt, the administrator of a group health plan is required to determine, within a reasonable period of time, whether a medical support order is qualified, and to administer benefits in accordance with the applicable terms of each order that is qualified. In the event you are served with a notice to provide medical coverage for a dependent child as the result of a legal determination, you may obtain information from your employer on the rules for seeking to enact such coverage. These rules are provided at no cost to you and may be requested from your employer at any time. Contact Reta Trust Customer Service to speak with a live representative on how to submit requests or email the general HR inbox for support.

SPECIAL ENROLLMENT RIGHTS *(HIPAA)* If you have previously declined enrollment for yourself or your dependents *(including your spouse)* because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

COVERAGE EXTENSION RIGHTS UNDER THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT *(USERRA)* If you leave your job to perform military service, you have the right to elect to continue your existing employer based health plan coverage for you and your dependents *(including spouse)* for up to 24 months while in the military. Even if you do not elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions for pre-existing conditions except for service-connected injuries or illnesses.

MICHELLE'S LAW Michelle's Law permits seriously ill or injured college students to continue coverage under a group health plan when they must leave school on a full-time basis due to their injury or illness and would otherwise lose coverage. The continuation of coverage applies to a dependent child's leave of absence from *(or other change in enrollment)* a postsecondary educational institution *(college or university)* because of a serious illness or injury, while covered under a health plan. This would otherwise cause the child to lose dependent status under the terms of the plan. Coverage will be continued until 1. One year from the start of the medically necessary leave of absence, or 2. The date on which the coverage would otherwise terminate under the terms of the health plan; whichever is earlier.

MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT OF 2008 This act expands the mental health parity requirements in the Employee Retirement Income Security Act, the Internal Revenue Code and the Public Health Services Act by imposing new mandates on group health plans that provide both medical and surgical benefits and mental health or substance abuse benefits. Among the new requirements, such plans *(or the health insurance coverage offered in connection with such plans)* must ensure that: The financial requirements applicable to mental health or substance abuse disorder benefits are no more restrictive that the predominant financial requirements applied to substantially all medical and surgical benefits covered by the plan *(or coverage)*, and there are no separate cost sharing requirements that are applicable only with respect to mental health or substance abuse disorder benefits.

GENETIC INFORMATION NON-DISCRIMINATION ACT *(GINA)* GINA broadly prohibits covered employers from discriminating against an employee, individual, or member because of the employee's "genetic information," which is broadly defined in GINA to mean *(1)* genetic tests of the individual, *(2)* genetic tests of family members of the individual, and *(3)* the manifestation of a disease or disorder in family members of such individual. GINA also prohibits employers from requesting, requiring, or purchasing an employee's genetic information. This prohibition does not extend to information that is requested or required to comply with the certification requirements of family and medical leave laws, or to information inadvertently obtained through lawful inquiries under, for example, the Americans with Disabilities Act, provided the employer does not use the information in any discriminatory manner. In the event a covered employer lawfully *(or inadvertently)* acquires genetic information, the information must be kept in a separate file and treated as a confidential medical record and may be disclosed to third parties only in very limited situations.

CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT *(COBRA)* The Consolidated Omnibus Budget Reconciliation Act of 1985 *(COBRA)* requires employers who provide medical coverage to their employees to offer such coverage to employees and covered family members on a temporary basis when there has been a change in circumstances that would otherwise result in a loss of such coverage [26 USC §4980B] This benefit, known as "continuation coverage," applies if, for example, dependent children become independent, spouses get divorced, or employees leave the employer.

CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT *(CHIPRA)* Effective April 1, 2009 employees and dependents who are eligible for coverage, but who have not enrolled, have the right to elect coverage during the plan year under two circumstances: The employee's or dependent's state Medicaid or CHIP *(Children's Health Insurance Program)* coverage terminates because the individual cease to be eligible. The employee or dependent becomes eligible for a CHIP premium assistance subsidy under state Medicaid or CHIP *(Children's Health Insurance Program)*. Employees must request this special enrollment within 60 days of the loss of coverage and/or within 60 days of when eligibility is determined for the premium subsidy. State Medicaid and HUSKY *(CHIP)* Coordination: Connecticut's Medicaid and CHIP program *(HUSKY Health)* interacts with CHIPRA premium assistance rules.

PREMIUM ASSISTANCE UNDER MEDICAID AND CHILDREN'S HEALTH INSURANCE PROGRAM *(CHIP)* If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace.
For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available. If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums, *(version 2024)*.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply.

If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan. If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

If you have questions about enrolling in your employer plan, contact the Department of Labor at www. askebsa.dol.gov or call 1-866-444-EBSA *(3272)*. If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums.

Office of the Healthcare Advocate Resources- Healthcare.Advocate@ct.gov
The Office of the Healthcare Advocate *(OHA)* provides free support to help consumers understand their health benefits, advocates for consumers when their benefits are denied, and represents consumers' healthcare interests with insurance providers, the legislature, and others. Whether you need help understanding your health benefits, appealing a denied claim, or making your voice heard, our team of experts and advocates are on your side.

U.S. Department of Labor Employee Benefits Security Administration www.dol.gov/agencies/ebsa 1-866-444-EBSA (3272) U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services www.cms.hhs.gov 1-877-267-2323, Menu Option 4, Ext. 61565

PAPERWORK REDUCTION ACT STATEMENT According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137. OMB Control Number 1210-0137 (expires 4/30/2026)

Disclaimer: This document provides a general overview of health coverage contacts and benefit plans offered through Reta Trust and other Diocese of Bridgeport plans. It is not a contract or guarantee of coverage. All benefits are subject to the terms, conditions, and limitations of the official plan documents and applicable federal and state laws, including but not limited to the Affordable Care Act (ACA), ERISA, HIPAA, COBRA, and other applicable regulations. Reta Trust and the Diocese of Bridgeport reserve the right to amend, modify, or terminate any benefit plan at any time, with or without notice, subject to applicable law. Participation in any benefit plan does not create a right to continued employment. If there is any conflict between this document and the official plan documents, the official plan documents will govern. Employees are encouraged to review the Summary Plan Descriptions (SPDs), Summaries of Benefits and Coverage (SBCs), and other official notices for complete details. For questions about coverage, eligibility, or claims, please contact your Human Resources Department or the Reta Trust Customer Service Center at (877) 303-7382.

State	Program	Website URL	Telephone Number
Alabama	Medicaid	https://www.myalhipp.com	1-855-692-5447
Alaska	Medicaid	https://health.alaska.gov/dpa/Pages/default.aspx	1-888-318-8890
Arkansas	Medicaid	https://www.myarhipp.com	1-855-692-7447
California	Medicaid	https://www.dhcs.ca.gov/services/medi-cal/Pages/HIPP.aspx	916-445-8322
Colorado	Medicaid / CHP+	https://www.healthfirstcolorado.com	1-800-221-3943
Connecticut	Medicaid	https://www.huskyhealthct.org/members.html	1-800-859-9889
Florida	Medicaid	https://www.flmedicaidtplrecovery.com/hipp	1-877-357-3268
Georgia	Medicaid	https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp	1-404-657-5468
Indiana	Medicaid	https://www.in.gov/fssa	1-800-889-9949
Iowa	Medicaid	https://hhs.iowa.gov/ime/medicaid-member-services	1-888-346-9562
Kansas	Medicaid	https://www.kancare.ks.gov	1-800-792-4884
Kentucky	Medicaid	https://chfs.ky.gov/agencies/dms	1-800-635-2570
Louisiana	Medicaid	https://ldh.la.gov	1-888-695-2447
Maine	Medicaid	https://www.maine.gov/dhhs	1-800-977-6740
Massachusetts	Medicaid / CHIP	https://www.mass.gov/orgs/masshealth	1-800-841-2900
Minnesota	Medicaid	https://mn.gov/dhs	1-800-657-3739
Missouri	Medicaid	https://dss.mo.gov/mhd	1-573-751-3425
Montana	Medicaid	https://dphhs.mt.gov	1-800-694-3084
Nebraska	Medicaid	https://dhhs.ne.gov	1-855-632-7633
New Hampshire	Medicaid	https://www.dhhs.nh.gov	1-603-271-5218
New Jersey	Medicaid / CHIP	https://www.njfamilycare.org	1-800-701-0710
New York	Medicaid	https://www.health.ny.gov/health_care/medicaid	1-800-541-2831
North Carolina	Medicaid	https://medicaid.ncdhhs.gov	1-888-245-0179
North Dakota	Medicaid	https://www.hhs.nd.gov	1-844-854-4825
Oklahoma	Medicaid	https://oklahoma.gov/ohca	1-800-987-7767
Pennsylvania	Medicaid	https://www.dhs.pa.gov/services/assistance	1-800-692-7462
Rhode Island	Medicaid	https://eohhs.ri.gov	1-855-697-4347
South Carolina	Medicaid	https://scdhhs.gov	1-888-549-0820
South Dakota	Medicaid	https://dss.sd.gov	1-800-597-1603
Tennessee	Medicaid	https://www.tn.gov/tenncare	1-800-342-3145
Texas	Medicaid	https://www.hhs.texas.gov	1-800-252-8263
Utah	Medicaid	https://medicaid.utah.gov	1-800-662-9651
Vermont	Medicaid	https://dvha.vermont.gov	1-800-250-8427
Virginia	Medicaid	https://www.coverva.gov	1-833-522-5582
Washington	Medicaid	https://www.hca.wa.gov	1-800-562-3022
West Virginia	Medicaid	https://dhhr.wv.gov	1-800-642-8589
Wisconsin	Medicaid	https://www.dhs.wisconsin.gov	1-800-362-3002
Wyoming	Medicaid	https://health.wyo.gov	1-800-251-1269