

DIocese of LA CROSSE
& ITS AFFILIATES



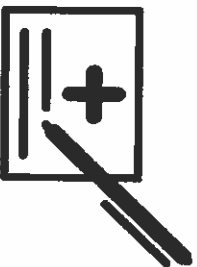
EMPLOYEE MEDICAL BENEFIT PLAN GUIDE - Lay Group

Open Enrollment 2022

OPEN ENROLLMENT

Open Enrollment is the annual event when benefit plans renew.

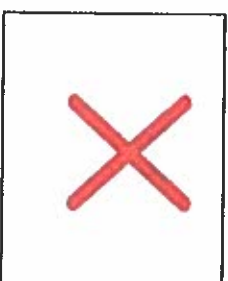
Things to consider during this time....



Enroll in a New Plan



Add or Drop Dependent



Waive Coverage

This is the only time that changes can be made to your plan....

Unless you experience a Qualifying Life Event, changes to the plan cannot be made until the next open enrollment. When a qualifying event happens, you have 31 days from the date of the event to make changes to your benefits. Changes are made via the [Change Form](#).

Qualifying events include:

- Change with child's dependent status
- Employment change
- Change in coverage or eligibility under another plan



Marriage



Birth



Adoption



Divorce



Loss of Coverage



Death

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BENEFIT ELIGIBILITY

Eligibility



Eligible Employee:

- Employees working at least 30 hours per week for 50 weeks per year (1,500 annual hours).
- Full-time teacher or other teacher working at least 30 hours per week during the school year (1,140 annual hours)
- A non-teacher, school-year Employee working at least 30 hours per week during the school year (1,140 annual hours)

Additional family members eligible:

- Spouse
- Children, including stepchildren and children placed for adoption with the covered employee, who are up to 26 years old, regardless of student or marital status
- Dependent Children of any age who are disabled or incapable of self support due to physical or mental disability

PLEASE NOTE: If you and your spouse are employed within the Diocese of La Crosse and its Affiliates and are eligible for the **Diocese of La Crosse Lay Group Employee Medical Benefit Plan**, you can be covered as an employee or as a dependent, but not both. Only one of you can cover your dependents.

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COVERAGE



Benefits become effective:

- ❑ Open Enrollment – Effective beginning of plan year – January 1, 2022
- ❑ New Employee – First day of the month following the first day of employment
- ❑ Qualifying Event – Either the first day of the event or the first day of the month following the qualifying event, depending on termination date of coverage previously provided
- ❑ Terminated employees – May continue coverage on a self pay basis as outlined in the *Continuation Coverage* section of the Summary of Plan Description
- ❑ Retiree Continuation – the plan allows for a retiree to work 20 or less hours a week to retain eligibility under this provision. Premiums for retired employees are billed directly by the insurance provider. As a retiree, you must comply with one of the following:
 1. Age 55, but not yet 65, and have been employed by the Diocese full-time for 20 years or more (the 20 years of service do not have to be consecutive)
 2. Age 65 and are covered by Medicare Parts A & B (no minimum length of service requirement)

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HIGH DEDUCTIBLE HEALTH PLAN / HSA



Benefit	PPO	Non-PPO
Deductible	Employee - \$2,000 Family - \$2,800 per individual \$4,000 per family	Employee - \$2,000 Family - \$2,800 per individual \$4,000 per family
Co-Insurance	80% Insurance 20% Insured to maximum out of pocket	70% Insurance 30% Insured to maximum out of pocket
Maximum Out of Pocket	Employee - \$3,000 Family - \$6,000	Employee - \$5,000 Family - \$10,000
Preventive / Wellness	Covered at 100% not subject to deductible	<ul style="list-style-type: none"> 70% Insurance (maximum benefit of \$700) 30% Insured to maximum out of pocket
Prescriptions / Pharmacy Plan	Insured pays 20% after deductible to Maximum Out-of-Pocket Insured pays full discounted price. Claim is sent electronically to BPA for processing and any amount that is reimbursable will be sent via check.	Insured pays 30% after deductible to Maximum Out-of-Pocket
Pre-Certifications	Authorization required to cover hospitalization and other certain medical procedures at least 72 hours prior for nonemergency admissions	

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HIGH DEDUCTIBLE HEALTH PLAN / HSA PREMIUMS 2022



MONTHLY PREMIUM EFFECTIVE JANUARY 1, 2022

VISION COVERAGE INCLUDED IF ENROLLED IN HEALTH PLAN

	PREMIUM RATES
	HIGH DEDUCTIBLE / HSA ELIGIBLE PLAN
Employee	\$ 902 / month
Family	\$ 2,293 / month
Medicare - Individual (Retiree w/ Continuation Coverage)	\$ 293 / month
Medicare - Husband & Wife (Retiree w/ Continuation Coverage)	\$ 586 / month

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TRADITIONAL DEDUCTIBLE HEALTH PLAN



Benefit	PPO	Non-PPO
Deductible	Employee - \$1,000 Family - \$2,000	Employee - \$1,000 Family - \$2,000
Co-Insurance	80% Insurance 20% Insured to maximum out of pocket	70% Insurance 30% Insured to maximum out of pocket
Maximum Out of Pocket	Employee - \$2,000 Family - \$4,000	Employee - \$4,000 Family - \$8,000
Preventive / Wellness	Covered at 100% not subject to deductible	<ul style="list-style-type: none"> 70% Insurance (maximum benefit of \$700) 30% Insured to maximum out of pocket
Prescriptions / Pharmacy Plan	Available via SERVE YOU RX Retail - 70% Insurance / 30% Insured to maximum out of pocket of \$1,000 per individual & \$3,000 per family	
Pre-Certifications	Authorization required to cover hospitalization and other certain medical procedures at least 72 hours prior for nonemergency admissions	

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TRADITIONAL DEDUCTIBLE HEALTH PLAN

PREMIUMS 2022



MONTHLY PREMIUM EFFECTIVE JANUARY 1, 2022

VISION COVERAGE INCLUDED IF ENROLLED IN HEALTH PLAN

PREMIUM RATES

TRADITIONAL PLAN DEDUCTIBLE

Employee	\$ 1,313 / month
Family	\$ 3,336 / month
Medicare - Individual (Retiree w/ Continuation Coverage)	\$ 335 / month
Medicare - Husband & Wife (Retiree w/ Continuation Coverage)	\$ 670 / month

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PRESCRIPTIONS (PHARMACY BENEFIT)



Provider – **SERVE YOU RX**

Part of the Medical ID card which is presented when purchasing prescription drugs at participating pharmacies in your area. The Pharmacy Benefit is as follows:

Traditional Health Plan

- Retail purchases at a pharmacy for generic prescriptions - 30% copayment of the total drug cost, with a minimum payment of \$10 per prescription, or actual total cost if less than \$10.
- Brand name prescriptions - 30% copayment of the total drug cost.
- Prescription drug copayments are not applied to the plan deductible or coinsurance
- Maximum out of pocket of \$1,000 per person, up to \$3,000 per family, each plan year for copays

HDHP/HSA Plan

- Prescription drug copayments are applied to the plan deductible or coinsurance.

Mail Order option

- Approximately 80% of the prescription drugs currently used are maintenance drugs and typically can be purchased via the mail order option - saves time and money.
- Check with provider to see if a generic equivalent is available for brand name/non-generic drugs.

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DENTAL PLAN



COVERAGE SUMMARY – Delta Dental

Deductible	Employee - Deductible = \$0	\$1,500 - Maximum Benefit per participant per plan year
	Employee + 1 dependent = \$0	
	Family - Deductible = \$0	\$3,000 - Maximum Benefit per plan year
Diagnostic & Preventative	Examinations, Bitewing X-rays, Teeth Cleaning 2 times per benefit year	100%
Preventive Charges		100%
Basic Dental	<ul style="list-style-type: none"> • Extractions & other oral surgery • Restorations - amalgam, composite (front teeth), stainless steel prefabricated crowns (1 per tooth in a 3-year period) • Endodontics (root canal treatment & therapy) • Periodontics (treatment of gum) • Repairs/adjustments to prosthetic appliances & Dentures • Anesthesia and Injections • Emergency Palliative Treatment 	80%
Major Dental	<ul style="list-style-type: none"> • Crowns, inlays or onlays • Prosthetics - fixed bridgework, partial dentures, and complete dentures, or implants to replace missing permanent teeth • Porcelain veneers on crowns on the six front teeth, bicuspids and upper first molars. 	50%

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DENTAL PLAN PREMIUMS 2022



MONTHLY PREMIUM EFFECTIVE JANUARY 1, 2022

PREMIUM RATES

Employee Only	\$ 34
Employee plus 1	\$ 65
Employee plus 2 or more (Family)	\$ 109

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VISION PLAN



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
WellVision Exam	Focuses on your eyes and overall wellness	\$ 10	Every 12 months
Prescription Glasses		\$ 25	See frame/lenses
Frame	<ul style="list-style-type: none"> \$130 allowance for a wide selection of frames \$150 allowance for featured frame brands 20% savings on the amount over your allowance \$70 Costco® or Walmart frame allowance 	Included in Prescription Glasses	Every 24 months
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements 	\$ 0 \$ 95 - \$ 105 \$ 150 - \$ 175	Every 12 months Every 12 months
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Your VSP doctor can diagnose, treat, and monitor common eye conditions like pink eye, and more serious conditions like sudden vision loss, glaucoma, diabetic eye disease, and cataracts. Visit your VSP doctor for medical and urgent eyecare. 	\$20	Every 12 months As needed
Extra Savings	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. <p>Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		

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VISION PLAN PREMIUMS 2022



MONTHLY PREMIUM EFFECTIVE JANUARY 1, 2022

PREMIUM RATES		
Employee Only		\$ 4.95
Family		\$ 11.82

NOTE:

- The Vision Insurance premium is included at no added cost for employees enrolled in the Diocese of La Crosse Lay Group Employee Health Plan
- Family Vision is available as a stand-alone benefit. You can elect Employee Only Health and Family Vision, or you can elect Vision without any Health benefit.

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PREMIUMS 2022 SUMMARY



MONTHLY PREMIUMS EFFECTIVE JANUARY 1, 2022

HDHP / HSA (VISION COVERAGE INCLUDED IN PLAN)	
Employee	\$ 902
Family	\$ 2,293
Medicare (Individual Retiree)	\$ 293
Medicare (Married Retiree)	\$ 586

TRADITIONAL (VISION COVERAGE INCLUDED IN PLAN)	
Employee	\$ 1,313
Family	\$ 3,336
Medicare (Individual Retiree)	\$ 335
Medicare (Married Retiree)	\$ 670

DENTAL	
Employee	\$ 34
Employee plus 1	\$ 65
Family	\$ 109

VISION (VOLUNTARY)	
Employee	\$ 4.95
Family	\$ 11.82

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BASIC LIFE



Group Life

Eligibility		
Death Benefit	\$20,000	
Accidental Death and Dismemberment Benefit	\$20,000	

Basic Life monthly premium - \$3.00 per month, typically paid by the employer.

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VOLUNTARY LIFE



Eligibility	1,000 hours annually
Benefits	Life insurance in \$10,000 increments up to \$500,000 (not to exceed 5 times annual income). Non-medical maximum of \$150,000. If coverage is selected, employee can choose coverage for spouse and/or dependent child(ren) up to age 18 (23 if a full-time student). Coverage for spouses is in \$5,000 increments up to \$100,000 (not to exceed 50% of the employee election), non-medical maximum of \$25,000. Coverage for dependent child(ren) is in increments of \$2,500, \$5,000, \$7,500, or \$10,000, without medical underwriting.
Costs	Monthly premium charges depend on age and benefit amount elected. Premiums are paid by the employee.
Can I be turned down?	If enrolled when first eligible, employee and dependents can be covered for up to the non-medical (guarantee issue) maximum listed without medical questions, provided the eligibility requirements listed above are met.
When Can I Enroll?	Enrollment must take place within 31 days following the first day of work in a position which meets the eligibility requirements. This includes a change in scheduled hours to a position that would meet eligibility requirements. Late enrollees will be required to wait until the next annual enrollment to apply and will be subject to medical review and could be turned down by the insurance company.
Coverage Effective Date	Coverage will be effective the first of the month following the first day of work. Late enrollees will be effective on the first of the month following approval by the carrier's underwriting department

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VOLUNTARY LONG-TERM DISABILITY



Eligibility	1,000 hours annually
Benefits	You can receive up to 60% of your gross income if you become disabled due to a sickness or injury, on or off the job. Benefits begin after 90 days of disability and can last until age 65 or beyond.
Costs	Monthly premium charges vary depending on your age and income. Premiums are paid entirely by the employee. You will receive a summary of benefits with information on rates and how to calculate monthly premiums.
Can I be turned down?	If you enroll when first eligible, you cannot be turned down regardless of your health, as long as you meet the eligibility requirements listed above.
When Can I Enroll?	Enrollment for the voluntary long term disability insurance must take place within 31 days following the first day of work in a position which meets the eligibility requirements. This includes a change in scheduled hours to a position that would meet eligibility requirements. Late enrollees will need to wait until the next open enrollment to apply and will be subject to medical review and could be turned down by the insurance company.
Coverage Effective Date	Coverage will be effective the first of the month following the first day of work. Late enrollees will be effective on the first of the month following approval by the carrier's underwriting department

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RESOURCES

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