

DIOCESE OF LA CROSSE HEALTH PLAN

LAY GROUP EMPLOYEE BENEFIT OPTIONS

PLAN YEAR JULY 1, 2018 – JUNE 30 2019



St. Ambrose Financial Services

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OVERVIEW



Plan Year Updates

- **Plan Year**
 - July 1, 2018 through June 30, 2019
- **Premiums**
 - The premiums are provided on page 11 of this document
- **Alliance Network**
 - As a result of the Health Tradition Health Plan discontinuing, this new network provider (PPO) has been chosen.
 - **The Alliance** network “partners” with the HealthEOS network, resulting in retention of the current providers, including Mayo Clinic Health System - Franciscan Healthcare.
 - Belonging to The Alliance network also provides greater access to additional providers in all areas of the Diocese.
- **CastiaRx - - PHARMACY / PRESCRIPTION DRUG BENEFIT – www.castiarx.com**
- The Pharmacy plan changes from National Pharmaceutical Services (NPS) to CastiaRx.
 - Phone – Member Services 800-546-5677
 - Email – memberservices@castiarx.com

The above information is a outline of some of the eligibility guidelines and is not intended to be all inclusive. Additional information can be found in the **Diocese of La Crosse Lay Group Employee Medical Benefit Plan** located at <http://stambrosefinancial.com> - **Lay Group Employee Medical Benefit Plan.**

St. Ambrose Financial Services

ELIGIBILITY



Eligible Employee:

- 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)
- All other Employees working at least 30 hours per week for 50 weeks per year (1,500 annual hours).

PLEASE NOTE: The Diocese and any participating entity in the Diocesan Health Insurance Plan will not offer to pay or otherwise compensate any employee if they have made the decision to decline participation in the **Diocese of La Crosse Health Insurance Plan**.

The above information is a outline of some of the eligibility guidelines and is not intended to be all inclusive. Additional information can be found in the **Diocese of La Crosse Lay Group Employee Medical Benefit Plan** located at <http://stambrosefinancial.com> - **Lay Group Employee Medical Benefit Plan**.

ELIGIBILITY



Additional family members eligible:

- Spouse
- Children, including step children 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 eligible for the **Diocese of La Crosse Health Insurance Plan**, you can be covered as an employee or as a dependent, but not both. Only one of you can cover your dependents.

The above information is a outline of some of the eligibility guidelines and is not intended to be all inclusive. Additional information can be found in the **Diocese of La Crosse Lay Group Employee Medical Benefit Plan** located at <http://stambrosefinancial.com> - **Lay Group Employee Medical Benefit Plan**.

ELIGIBILITY



How To Enroll

- The decisions you make at this time can impact your life and finances. It is important to take the time to review and evaluate your options, then complete the **Enrollment Form**.

When To Enroll

- New employees – complete the **Enrollment Form** within 31 days of the employee's first day of work.
- Open Enrollment

How To Make Changes

- Unless you experience a Qualifying 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. Qualifying events include:
 - Marriage, divorce or legal separation
 - Birth, adoption, death of a child or spouse
 - Change with child's dependent status
 - Employment change or change in coverage under another employer sponsored plan

The above information is a outline of some of the eligibility guidelines and is not intended to be all inclusive. Additional information can be found in the **Diocese of La Crosse Lay Group Employee Medical Benefit Plan** located at <http://stambrosefinancial.com> - **Lay Group Employee Medical Benefit Plan**.

COVERAGE



Benefits become effective:

- 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
- Open Enrollment – information provided during this period with an effective date beginning the month following the end of open enrollment period
- Terminated employees – may continue coverage on a self pay basis as outlined in the ***Continuation Coverage*** section of the contract
- Retiree Continuation – the plan will allow for a retiree to work no more than 20 hours a week without losing 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)

The above information is a outline of coverages and is not intended to be all inclusive. Additional information can be found in the **Diocese of La Crosse Lay Group Employee Medical Benefit Plan** located at <http://stambrosefinancial.com> - Lay Group Employee Medical Benefit Plan.

HIGH DEDUCTIBLE HEALTH PLAN /HSA



Benefit	PPO	Non PPO
Deductible	Employee - \$2,000 Family - \$2,600 per individual \$4,000 per family	Employee - \$2,000 Family - \$2,600 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 30% 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.	
Pre-Certifications	Authorization required to cover hospitalization and other certain medical procedures at least 72 hours prior for nonemergency admissions	

The above information is a outline of some of the charges covered and is not intended to be all inclusive. Additional information can be found in the **Diocese of La Crosse Lay Group Employee Medical Benefit Plan** located at <http://stambrosefinancial.com> - Lay Group Employee Medical Benefit Plan.

TRADITIONAL DEDUCTIBLE HEALTH PLAN



Benefit	PPO	Non PPO
Deductible	Employee - \$1,000 Family - \$2,000	Employee - \$1,000 Family - \$2,000
Co-Insurance	<ul style="list-style-type: none"> • 80% Insurance • 20% Insured to maximum out of pocket 	<ul style="list-style-type: none"> • 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 National Pharmaceutical Services (NPS) 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	

The above information is a outline of some of the charges covered and is not intended to be all inclusive. Additional information can be found in the **Diocese of La Crosse Lay Group Employee Medical Benefit Plan** located at <http://stambrosefinancial.com> - **Lay Group Employee Medical Benefit Plan**.

PRESCRIPTIONS (PHARMACY PLAN)



- Provider – **CastiaRx**
- Inquire with providers as to whether a generic equivalent is available for brand name/non-generic drugs.
- Part of the Medical ID card which is to be presented when purchasing prescription drugs at participating pharmacies in your area. The prescription drug program is as follows:
 - 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.
 - Maximum out of pocket of \$1,000 per person, up to \$3,000 per family, each plan year for copays
- **Mail order option**
 - Approximately 80% of the prescription drugs currently used are maintenance drugs and typically can be purchased via the mail order option which saves time and money in that it is possible to order a 90-day supply .
- The Drug copayments will not be applied to the regular plan deductible or coinsurance as there is a separate out of pocket maximum of \$1,000 per person & \$3,000 per family per contract year.

The above information is a outline of some of the charges covered and is not intended to be all inclusive. Additional information can be found in the **Diocese of La Crosse Lay Group Employee Medical Benefit Plan** located at <http://stambrosefinancial.com> - Lay Group Employee Medical Benefit Plan.

DENTAL



COVERAGE SUMMARY – Delta Dental

Deductible	Employee - Deductible = \$0 Employee + 1 dependent = \$0	\$1,000 - Maximum Benefit per participant per plan year
	Family - Deductible = \$0	\$ 2,000 - 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, bicuspid and upper first molars. 	50%

The above information is a outline of some of the charges covered and is not intended to be all inclusive. Additional information can be found in the **Diocese of La Crosse Lay Group Employee Dental Benefit Plan** located at <http://stambrosefinancial.com> - Lay Group Employee Dental Benefit Plan.

VISION



COVERAGE SUMMARY – Delta Dental

The **Vision Discount Program** is included for all dental participants. This allows for discounted vision services when received from a participating vision provider. A list of these providers can be found at:

www.deltadentalwi.com/provider-search/vision

Or the phone number to contact them is **1.866.246.9041**.

The above information is a outline of some of the charges covered and is not intended to be all inclusive. Additional information can be found in the **Diocese of La Crosse Lay Group Employee Dental Benefit Plan** located at <http://stambrosefinancial.com> - Lay Group Employee Dental Benefit Plan.

PREMIUMS 2018 - 2019



Health insurance plan monthly premium effective July 1, 2018:

DIOCESE OF LA CROSSE LAY GROUP EMPLOYEE HEALTH PLAN

Premium Rates	Traditional Deductible	High Deductible HSA Plan
Employee	\$ 910	\$ 659
Family	\$ 2,312	\$ 1,675
Medicare (Retiree)	\$ 335	\$ 293
Medicare Husband & Wife (Retiree)	\$ 670	\$ 586

Dental insurance plan monthly premium effective July 1, 2018 :

DIOCESE OF LA CROSSE LAY GROUP EMPLOYEE DENTAL PLAN

	Premium Rates
Employee Only	\$ 41
Employee plus 1	\$ 62
Employee plus 2 or more (Family)	\$ 104

Life insurance plan monthly premium - \$3.00 per month.

LIFE



Group Life

Eligibility	<ul style="list-style-type: none">• Enrollment must take place within 31 days following the first day of work• 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)• All other Employees working at least 30 hours per week for 50 weeks per year (1,500 annual hours).
Death Benefit	\$20,000
Accidental Death and Dismemberment Benefit	\$20,000

LIFE



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 \$1,000; \$2,000; \$4,000; \$5,000; or \$10,000, without medical underwriting.
Costs	Monthly premium charges vary depending on age and the benefit amount elected. Premiums are paid entirely 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
Links	<p>Additional information can be found online at http://stambrosefinancial.com/PFM.htm, Parish Finance Manual, Section VIII. D. Health Plan – Lay Group Health, Dental, Life and Voluntary Long Term Disability Insurance, #7. Volunteer Life Insurance</p> <ul style="list-style-type: none"> * Overview * Summary of Benefits * Enrollment Form For Group Insurance * Evidence of Insurability Cover Sheet

DISABILITY



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
Links	<p>Additional information can be found online at http://stambrosefinancial.com, <i>Parish Finance Manual, Section VIII. D. Health Plan – Lay Group Health, Dental, Life and Voluntary Long Term Disability Insurance, 8. Voluntary Long Term Disability:</i></p> <ul style="list-style-type: none"> * Overview * Summary of Benefits * Enrollment Form For Group Insurance * Evidence of Insurability Cover Sheet * Voluntary LTD Fact Sheet * Voluntary LTD Premium Calculation

RESOURCES



Medical Plan Information

- [Lay Group Employee Medical Benefit Plan](http://stambrosefinancial.com/files/Diocese%20of%20La%20Crosse%20Health%20Plan%20-%20Lay%20Group%202017-2018.pdf)
<http://stambrosefinancial.com/files/Diocese%20of%20La%20Crosse%20Health%20Plan%20-%20Lay%20Group%202017-2018.pdf>

Dental Plan

- [Lay Group Employee Dental Benefit Plan](http://stambrosefinancial.com/files/Lay%20Group%20Dental%20-%2020150901.pdf)
<http://stambrosefinancial.com/files/Lay%20Group%20Dental%20-%2020150901.pdf>

Forms

- **ENROLLMENT FORMS**
<http://stambrosefinancial.com> , *Parish Finance Manual, Section VIII. D. Health Plan – Lay Group Health, Dental, Life and Voluntary Long Term Disability Insurance* **D. 3. Enrollment Form**
- **CHANGE FORMS**
<http://stambrosefinancial.com>, *Parish Finance Manual, Section VIII. D. Health Plan – Lay Group Health, Dental, Life and Voluntary Long Term Disability Insurance,* **D. 4. Change Form**

Voluntary Life

- <http://stambrosefinancial.com>, *Parish Finance Manual, Section VIII. D. Health Plan – Lay Group Health, Dental, Life and Voluntary Long Term Disability Insurance,* **D. 7. Volunteer Life Insurance**

Voluntary Long Term Disability

- <http://stambrosefinancial.com>, *Parish Finance Manual, Section VIII. D. Health Plan – Lay Group Health, Dental, Life and Voluntary Long Term Disability Insurance,* **D. 8. Voluntary Long Term Disability**

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