

DIOCESE OF LA CROSSE HEALTH PLAN

LAY GROUP EMPLOYEE BENEFIT OPTIONS

SEPTEMBER 1, 2017



St. Ambrose Financial Services

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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> under the [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.

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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> under the [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> under the **Lay Group Employee Medical Benefit Plan**.

St. Ambrose Financial Services

\$2,000 DEDUCTIBLE HSA PLAN



Benefit	PPO	Non PPO
Deductible	Single - \$2,000 Family - \$2,600 per individual \$4,000 per family	Single - \$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	Single - \$3,000 Family - \$6,000	Single - \$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 CBA 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> under the [Lay Group Employee Medical Benefit Plan](#).

\$1,000 DEDUCTIBLE PLAN



Benefit	PPO	Non PPO
Deductible	Single - \$1,000 Family - \$2,000	Single - \$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	Single - \$2,000 Family - \$4,000	Single - \$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> under the **Lay Group Employee Medical Benefit Plan**.

PRESCRIPTIONS (PHARMACY PLAN)



- Provider – National Pharmaceutical Services (NPS)
- 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> under the **Lay Group Employee Medical Benefit Plan**.

DENTAL



COVERAGE SUMMARY – Delta Dental

Deductible	Individual - Deductible = \$0	\$ 1,000 - Maximum Benefit 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	
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> under the **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> under the **Lay Group Employee Dental Benefit Plan**.

Premiums 2017 - 2018



Health insurance plan monthly premium effective September 1, 2017 :

DIOCESE OF LA CROSSE LAY GROUP EMPLOYEE HEALTH PLAN		
Premium Rates	\$1,000 Deductible	HSA Plan High Deductible
Medical Single	\$ 867	\$ 694
Medical Family	\$ 2,202	\$ 1,763
Medicare Single (Retiree)	\$ 335	\$ 293
Medicare Husband & Wife (Retiree)	\$ 670	\$ 586

Dental insurance plan monthly premium effective September 1, 2017 :

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 effective September 1, 2017.

LIFE



Group Life

Eligibility	<ul style="list-style-type: none">• 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

The above information is a outline of information is not intended to be all inclusive. Additional materials be found at <http://stambrosefinancial.com> under the *Parish Finance Manual*, then *Voluntary Life Insurance* .

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 annual enrollment in August to apply. They 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

The above information is a outline of information is not intended to be all inclusive. Additional materials be found at <http://stambrosefinancial.com> under the *Parish Finance Manual*, then *Voluntary Long Term Disability* .

Resources



- Information can be found on the St. Ambrose Financial Services web site:
 - <http://stambrosefinancial.com>
- Medical Plan Information
 - [Lay Group Employee Medical Benefit Plan](#)
- Dental Plan
 - [Lay Group Employee Dental Benefit Plan](#)
- Forms
 - <http://stambrosefinancial.com>, then *Parish Finance Manual*, then Section VIII. Benefits, *Section D. 2. Forms*
 - *Enrollment – new to the plan*
 - *Change – currently on the plan and either adding or deleting benefits*
- Voluntary Life
 - <http://stambrosefinancial.com>, then *Parish Finance Manual*, then Section VIII. Benefits, *Section D. 3. Voluntary Life Insurance*
- Voluntary Long Term Disability
 - <http://stambrosefinancial.com>, then *Parish Finance Manual*, then Section VIII. Benefits, *Section D. 4. Voluntary Long Term Disability*