# DIOCESE of LA CROSSE



# OPEN ENROLLMENT Lay Ministry Group

Plan Year 2025

#### Traditional Plan

Premium increase of 9%

Deductible changes = Yes

Maximum out of pocket change = Yes

2024 VS 2025

Plan Changes Overview
Click Here

Benefit	PPO - In Network	Non - PPO - Out of Network
Deductible	\$1,250 - Person \$2,500 - Family	\$2,500 - Person \$5,000 - Family
Maximum Out of Pocket	\$2,500 - Person \$5,000 - Family	\$5,000 - Person \$10,000 - Family

Full Plan Summary of Benefits & Coverage - Links

Traditional - Wisconsin Resident

<u>Traditional - Non-Wisconsin Resident</u>

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### High Deductible Single Heath Plan - HSA

Single Plan

- Premium increase of 7%
- Deductible changes = Yes
- Maximum out of pocket change = Yes

2024 VS 2025
Plan Changes Overview
Click Here

Benefit	PPO - In Network	Non - PPO - Out of Network
Deductible	\$2,500	\$5,000
Maximum Out of Pocket	\$3,500	\$7,000

Full Plan Summary of Benefits & Coverage - Links

Single HSA - Wisconsin Resident

Single HSA - Non-Wisconsin Resident

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### **High Deductible Family Heath Plan - HSA**

Family Plan

Premium increase of 7%

2024 VS 2025

Deductible changes = Yes

Plan Changes Overview

Maximum out of pocket change = Yes

Click Here

Benefit	PPO - In Network	Non - PPO - Out of Network
Deductible	\$3,500 - Person \$5,000 - Family	\$7,000 - Person \$10,000 - Family
Maximum Out of Pocket	\$3,500 - Person \$7,000 - Family	\$7,000 - Person \$14,000 - Family

Full Plan Summary of Benefits & Coverage - Links

Family HSA - Wisconsin Resident

Family HSA - Non-Wisconsin Resident

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#### "The Max" HDHP/HSA

- All NEW for plan year 2025
- "The Max" is the highest deductible plan allowed with an HSA



 A more affordable plan for team members who wish to have coverage, but are low volume insurance users

Benefit	PPO - In Network	Non - PPO - Out of Network
Deductible	\$7,000 - Person \$14,000 - Family	\$14,000 - Person \$28,000 - Family
Maximum Out of Pocket	\$8,300 - Person \$16,600 - Family	\$16,600 - Person \$33,200 - Family

Full Plan Summary of Benefits & Coverage - Links

"The Max" HSA - Wisconsin Resident

"The Max" HSA - Non-Wisconsin Resident

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# PREMIUMS 2025 SUMMARY

### MONTHLY PREMIUMS EFFECTIVE JANUARY 1, 2025



HDHP / HSA (VISION COVERAGE INCLUD	DED IN PLAN)
Employee	\$1,043
Family	\$2,654

TRADITIONAL (VISION COVERAGE INCLUDED IN PLAN)		
Employee	\$ 1,533	
Family	\$ 3,895	

DENTAL			
	Employee	\$ 39	
	Employee plus 1	\$ 76	
	Family	\$ 126	

VISION			
	Employee	\$ 4.95	
	Family	\$ 11.82	

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- Dental Plan
  - No Plan Changes
  - o No Premium Changes
- Vision Plan
  - No Plan Changes
  - No Premium Changes
- Basic Life
  - No Plan Changes
  - o No Premium Changes



Full Plan Summary of Benefits & Coverage - Links

**Dental** 

Vision

**Basic Life** 

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### **OVERVIEW - "TPA" - THIRD PARTY ADMINISTRATORS**

### Primary Medical Networks

- o Anthem
- o 833-952-2061
- www.anthem.com/contact-us/wisconsin/

### Prescription Drug / Pharmacy Benefit

- CVS Caremark
- o **800-565-7091**
- www.caremark.com/

#### Vision Plan

- VSP Vision Care
- o 800-877-7195
- o www.vsp.com
  - o Coverage included if enrolled in Health Plan
  - $_{\odot}$   $\,$  Can be added as a separate election  $\underline{\text{if not}}$  enrolled in a Health Plan

#### □ Dental Plan

- Delta Dental
- o **800-236-3712**
- https://www.deltadentalwi.com/s/

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# BENEFIT 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 are eligible for the **Diocese of La Crosse Lay Ministry 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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## BENEFIT ELIGIBILITY

#### 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 - Change Forms** Located in the **Diocese of La Crosse Lay Ministry Group Health plan Administrivia & User Guide, Plan Year 2025.** 

#### When To Enroll

- Open Enrollment November 4 15, 2024 for plan year 2025 effective January 1, 2025
- New employees complete **Enrollment** within 31 days of the employee's first day of work.

### BENEFIT ELIGIBILITY

### **How To Make Changes**

- Unless you experience a Qualifying Event, changes to the plan cannot be made until the next open enrollment. If you experience a qualifying event, you have 31 days from the date of the event to make benefit changes. Changes are made via the <u>Enrollment - Change Forms Located</u> in the *Diocese of* La Crosse Lay Ministry Group Health plan Administrivia & User Guide, Plan Year 2025.
- Qualifying events include:
  - Change with child's dependent status
  - Employment change
  - Change in coverage or eligibility under another plan



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# **COVERAGE**

### Benefits become effective:

- □ Open Enrollment
  - Effective beginning of plan year January 1, 2025
- 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 of Coverage section of the Summary of Plan Description

# **BASIC LIFE**

Group Life	
	<ul> <li>Enrollment must take place within 31 days following the first day of work with employer within the Diocese of La Crosse</li> <li>Full-time teacher or other teacher working at least 30 hours per week during the school year (1,140 annual hours)</li> </ul>
Eligibility	<ul> <li>A non-teacher, school-year Employee working at least 30 hours per week during the school year (1,140 annual hours)</li> </ul>
	<ul> <li>All other Employees working at least 30 hours per week for 50 weeks per year (1,500 annual hours)</li> </ul>
	<ul> <li>Late Enrollees must complete Evidence of Insurability and are subject to approval. Coverage is effective upon approval.</li> </ul>
Death Benefit	\$30,000
Accidental Death and Dismemberment Benefit	\$30,000

Basic Life monthly premium - \$3.90 per month, typically paid by the employer.

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# **VOLUNTARY LIFE**

Eligibility	Employees who work at least 20 hours per week
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 (26 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 amount for dependent child(ren) is \$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 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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# **VOLUNTARY LONG-TERM DISABILITY**

Eligibility	Employees who work at least 20 hours per week
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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# PLAN ADMINISTRATORS - CONTACT US



Partners In Ministry - Serving Those Who Serve



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