

# **DIOCESE** *of* **LA CROSSE**



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**OPEN ENROLLMENT**  
*Lay Group*

**Plan Year 2025**

# OVERVIEW – PLAN YEAR JANUARY 1 – DECEMBER 31, 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](#)

[Traditional - Non-Wisconsin Resident](#)

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# OVERVIEW – PLAN YEAR JANUARY 1 – DECEMBER 31, 2025

## □ High Deductible Single Health Plan - HSA

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

## Single Plan

[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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# OVERVIEW – PLAN YEAR JANUARY 1 – DECEMBER 31, 2025

## Family Plan

[2024 VS 2025](#)

[Plan Changes Overview](#)

[Click Here](#)

### ❑ High Deductible Family Health Plan - HSA

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

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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# OVERVIEW – PLAN YEAR JANUARY 1 – DECEMBER 31, 2025

## □ “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

"THE MAX" HDHP / HSA (VISION COVERAGE INCLUDED IN PLAN)		
Employee	\$ 975	
Family	\$ 2,480	

HDHP / HSA (VISION COVERAGE INCLUDED 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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# OVERVIEW – PLAN YEAR JANUARY 1 – DECEMBER 31, 2025

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

- Anthem
- 833-952-2061
- [www.anthem.com/contact-us/wisconsin/](http://www.anthem.com/contact-us/wisconsin/)

## ❑ Prescription Drug / Pharmacy Benefit

- CVS Caremark
- 800-565-7091
- [www.caremark.com/](http://www.caremark.com/)

## ❑ Vision Plan

- VSP Vision Care
- 800-877-7195
- [www.vsp.com](http://www.vsp.com)
  - Coverage included if enrolled in Health Plan
  - Can be added as a separate election if not enrolled in a Health Plan

## ❑ Dental Plan

- Delta Dental
- 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**.

## 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.

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# 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 **Enrollment - Change Forms**.
- 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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# 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

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# BASIC LIFE

Group Life	
<b>Eligibility</b>	<ul style="list-style-type: none"><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><li>• A non-teacher, school-year employee working at least 30 hours per week during the school year (1,140 annual hours)</li><li>• All other employees working at least 30 hours per week for 50 weeks per year (1,500 annual hours)</li><li>• Late Enrollees must complete Evidence of Insurability and are subject to approval. Coverage is effective upon approval.</li></ul>
<b>Death Benefit</b>	\$30,000
<b>Accidental Death and Dismemberment Benefit</b>	\$30,000

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

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# VOLUNTARY LIFE

<b>Eligibility</b>	Employees who work at least 20 hours per week
<b>Benefits</b>	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.
<b>Costs</b>	Monthly premium charges depend on age and benefit amount elected. Premiums are paid by the employee.
<b>Can I be turned down?</b>	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.
<b>When Can I Enroll?</b>	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.
<b>Coverage Effective Date</b>	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

<b>Eligibility</b>	Employees who work at least 20 hours per week
<b>Benefits</b>	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.
<b>Costs</b>	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.
<b>Can I be turned down?</b>	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.
<b>When Can I Enroll?</b>	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.
<b>Coverage Effective Date</b>	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



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*Partners In Ministry – Serving Those Who Serve*



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