

**DIOCESE *of* LA CROSSE**  
& ITS AFFILIATES  
**EMPLOYEE MEDICAL BENEFIT PLAN**  
**Lay Group**

**PLAN YEAR JANUARY 1 - DECEMBER 31, 2021**

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# OVERVIEW



- **Plan Year**
  - January 1, 2021 through December 31, 2021
- **Premiums**
  - The premiums for 2021 Plan Year are provided after each benefit and a summary page at the end
- **SERVE YOU RX - PRESCRIPTION DRUG / PHARMACY BENEFIT – [www.serve-you-rx.com](http://www.serve-you-rx.com)**
  - Phone – Member Services 800-759-3203
  - Email – [www.serve-you-rx.com/contact/](http://www.serve-you-rx.com/contact/)
- **VSP Vision Plan – [VSP.com](http://VSP.com)**
  - Included with the Health Plan or can be added as a separate benefit if not enrolled in the Health Plan
  - Receive access to care from great eye doctors, quality eyewear at low out-of-pocket costs
  - No Vision Plan card is required, simply inform your provider that you have VSP Vision Plan
  - Member Services - - **800-877-7195** or [www.vsp.com](http://www.vsp.com)
- **Delta Dental Plan – <https://www.deltadentalwi.com/DDWI/s/>**
  - Dental insurance can play a key role in your overall health.



# 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).

**NOTE:** The Diocese and any participating affiliate in the Diocese of La Crosse Lay Group Employee Medical Benefit Plan will not offer to pay or otherwise compensate any employee if they have made the decision to decline participation in the plan.

The above information is an 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 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.

The above information is an 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

- Open Enrollment - - November 30 – December 18, 2020
- New employees – complete the [Enrollment Form](#) within 31 days of the employee's first day of work.

## 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. Changes can be made using the [Change Form](#). 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 or eligibility under another plan

The above information is an 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 January 1, 2021
- 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 an 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
<b>Deductible</b>	Employee - \$2,000 Family - \$2,800 per individual \$4,000 per family	Employee - \$2,000 Family - \$2,800 per individual \$4,000 per family
<b>Co-Insurance</b>	80% Insurance 20% Insured to maximum out of pocket	70% Insurance 30% Insured to maximum out of pocket
<b>Maximum Out of Pocket</b>	Employee - \$3,000 Family - \$6,000	Employee - \$5,000 Family - \$10,000
<b>Preventive / Wellness</b>	Covered at 100% not subject to deductible	<ul style="list-style-type: none"> <li>70% Insurance (<b>maximum benefit of \$700</b>)</li> <li>30% Insured to maximum out of pocket</li> </ul>
<b>Prescriptions / Pharmacy Plan</b>	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.	
<b>Pre-Certifications</b>	Authorization required to cover hospitalization and other certain medical procedures at least 72 hours prior for nonemergency admissions	

The above information is an outline of some of the benefits 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.

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**MONTHLY PREMIUM EFFECTIVE JANUARY 1, 2021**

**VISION COVERAGE INCLUDED IF ENROLLED IN HEALTH PLAN**

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<b>Employee</b>	\$ 722 / month
<b>Family</b>	\$ 1,836 / month
<b>Medicare - Individual (Retiree w/ Continuation Coverage)</b>	\$ 293 / month
<b>Medicare - Husband &amp; Wife (Retiree w/ Continuation Coverage)</b>	\$ 586 / month

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

The above information is an outline of some of the benefits 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

## PREMIUMS 2021



**MONTHLY PREMIUM EFFECTIVE JANUARY 1, 2021**

**VISION COVERAGE INCLUDED IF ENROLLED IN HEALTH PLAN**

### **PREMIUM RATES**

#### **TRADITIONAL PLAN DEDUCTIBLE**

<b>Employee</b>	\$ 1,051 / month
<b>Family</b>	\$ 2,671 / month
<b>Medicare - Individual (Retiree w/ Continuation Coverage)</b>	\$ 335 / month
<b>Medicare - Husband &amp; Wife (Retiree w/ Continuation Coverage)</b>	\$ 670 / month

The above information is an outline of some of the charges 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 BENEFIT)



- Provider – **SERVE YOU RX**

- Check with provider to see if a generic equivalent is available for brand name/non-generic drugs.
- 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.

The above information is an outline of some of the benefits 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 PLAN



## COVERAGE SUMMARY – Delta Dental

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

The above information is an outline of some of the coverages 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.

# DENTAL PLAN

## PREMIUMS 2021



**MONTHLY PREMIUM EFFECTIVE JANUARY 1, 2021**

PREMIUM RATES	
Employee Only	\$ 32
Employee plus 1	\$ 62
Employee plus 2 or more (Family)	\$ 104

The above information is an outline of some of the charges 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 PLAN



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

The above information is an outline of some of the benefits 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, INC.

# VISION PLAN

## PREMIUMS 2021



### MONTHLY PREMIUM EFFECTIVE JANUARY 1, 2021

PREMIUM RATES	
Employee Only	\$ 4.95
Family	\$ 11.82

#### NOTES:

- 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.

The above information is an outline of some of the charges 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.

# PREMIUMS 2021

## SUMMARY



### MONTHLY PREMIUMS EFFECTIVE JANUARY 1, 2021

#### HDHP / HSA (VISION COVERAGE INCLUDED IN PLAN)

Employee	\$ 722
Family	\$ 1,836
Medicare (Individual Retiree)	\$ 293
Medicare (Married Retiree)	\$ 586

#### TRADITIONAL (VISION COVERAGE INCLUDED IN PLAN)

Employee	\$ 1,051
Family	\$ 2,671
Medicare (Individual Retiree)	\$ 335
Medicare (Married Retiree)	\$ 670

#### DENTAL

Employee	\$ 32
Employee plus 1	\$ 62
Family	\$ 104

#### VISION (VOLUNTARY)

Employee	\$ 4.95
Family	\$ 11.82

The above information is an outline of some of the charges 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.



# 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>	\$20,000
<b>Accidental Death and Dismemberment Benefit</b>	\$20,000

**Basic Life monthly premium - \$3.00 per month, typically paid by the employer.** Select link for more information - [Basic Life Summary of Benefits](#)

The above information is an outline of information for this specific insurance 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.**

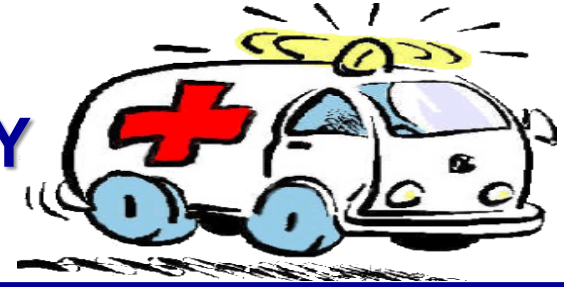
# VOLUNTARY LIFE



<b>Eligibility</b>	1,000 hours annually
<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 (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.
<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 annual 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
<b>Links</b>	Additional information can be found at <a href="http://stambrosefinancial.com">http://stambrosefinancial.com</a> or select one of the following links: <ul style="list-style-type: none"><li>• <a href="#">Voluntary Life Summary of Benefits</a></li><li>• <a href="#">Voluntary Life and Voluntary LTD Enrollment Form</a></li></ul>

The above information is an outline of information for this specific insurance 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**.

# VOLUNTARY LONG-TERM DISABILITY



<b>Eligibility</b>	1,000 hours annually
<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
<b>Links</b>	Additional information can be found at <a href="http://stambrosefinancial.com">http://stambrosefinancial.com</a> or select one of the following links: <ul style="list-style-type: none"><li>• <a href="#">Voluntary LTD Summary of Benefits</a></li><li>• <a href="#">Voluntary Life and Voluntary LTD Enrollment Form</a></li></ul>

The above information is an outline of information for this specific insurance 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**.

# RESOURCES



**Health Plans - employees scheduled to work 30+ hours/week (*select link below for more info*):**

- [Lay Group Employee Medical Benefit - Summary of Plan Description \(SPD\)](#)
- [Summary of Benefits and Coverages \(SBC\) - Traditional Plan](#)
- [Summary of Benefits and Coverages \(SBC\) - HDHP/HSA Plan](#)
- [Delta Dental Benefits](#)
- [Vision Benefits Summary](#)
- Basic Group Life/AD&D \$20,000 coverage – Employer Paid benefit for all employees who elect coverage.

## **Forms**

- [Enrollment Form](#)  
If enrolling, form must be completed/submitted to your supervisor during Open Enrollment or w/in 31 days of your first day of work.
- [Change Form](#)  
If making a change to current coverages, form must be completed/submitted to your supervisor during Open Enrollment w/in 30 days of a Qualifying Event.
- [HSA Contribution Election Form](#)

**Basic Life - [Basic Life Summary of Benefits](#)**

**Voluntary Plans - employees scheduled to work 1,000+ hours/year(*select link for more info*):**

- [Voluntary Life and Voluntary LTD Enrollment Form](#)
- [Voluntary Life Summary of Benefits](#)
- [Voluntary LTD Summary of Benefits](#)

The form must be completed/submitted to your supervisor w/in 31 days of your first day of work or during open enrollment.

# RESOURCES

## ST. AMBROSE FINANCIAL SERVICES, INC.

Website: <http://stambrosefinancial.com>

Email: [SAFS@stambrosefinancial.com](mailto:SAFS@stambrosefinancial.com)

Phone #: 608.791.2669

- **Dennis Herricks**, Executive Director  
608-519-9893 / [dherricks@stambrosefinancial.com](mailto:dherricks@stambrosefinancial.com)
- **Rachel Melde**, Benefits Coordinator  
608-519-9895 / [rmelde@stambrosefinancial.com](mailto:rmelde@stambrosefinancial.com)

- **Cheryl Cummings** – Accounting Manager  
608-519-9894 / [ccummings@stambrosefinancial.com](mailto:ccummings@stambrosefinancial.com)
- **Lori Dickman**, Accounting Clerk  
608-519-9896 / [ldickman@stambrosefinancial.com](mailto:ldickman@stambrosefinancial.com)

