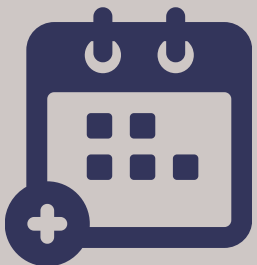




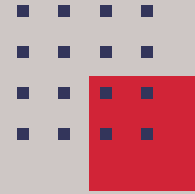
Diocese of
LA CROSSE

OPEN ENROLLMENT

Lay Group



PLAN YEAR
2026





BENEFIT

ELIGIBILITY



EMPLOYEES

Eligibility for Medical Benefits – Health, Vision & Dental:

- School year employees, full-time teacher, other teacher, or non-teacher, 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 (1,150 annual hours)
- Enrollment must take place within 31 days following the first day of work

ADDITIONAL ELIGIBILITY

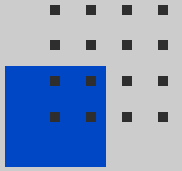
If you elect coverage, your dependents are eligible for medical, vision, dental and life insurance coverage. Eligible dependents include:

- Spouse
- Child(ren), including stepchildren and adopted children, 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 both 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.

WHEN TO ENROLL



When You Can Enroll or Change Benefits

As a New Hire	At Open Enrollment	During the Year (QLE)
Benefits are effective on the first of the month following the first day of work.	Benefits are effective January 1, 2026.	Benefits are effective the first of the month following your life event or the date of your life event in some cases.
You have 31 days from your first day of work to enroll in benefits. Your benefit elections are effective on the first of the month following your first day of work, for the remainder of the plan year. If you fail to enroll by your 31-day deadline, you will not have medical, dental, vision, and voluntary coverage.	Open enrollment will be in November 2025. Open enrollment is your annual opportunity to enroll in or make changes to all benefit plans for the upcoming plan year, effective January 1. If you do not take action during the open enrollment period, your current elections will roll over.	You can enroll or make changes to your benefit elections during the year if you have a qualifying life event (QLE). You must enroll/make changes within 31 days of your event. QLEs include, but are not limited to: Marriage, Divorce or Legal Separation, Birth or Adoption, Loss or Gain of Other Health Coverage.

Terminated Employees

Terminated employees may continue coverage on a self-pay basis as outlined in the Continuation of Coverage section of the Summary of Plan Description.





UNDERSTANDING YOUR MEDICAL PLAN OPTIONS

The road to great health starts with choosing a plan that fits your needs and budget, and that means understanding a few basics. Review the following pages to better understand your coverage options.

Medical Plan Types

Health plans are offered through Anthem. Anthem offers a large statewide network of doctors, hospitals, and pharmacies as well as an out-of-network benefit.

The three medical plan options offered through Anthem have been tailored to provide the best coverage that meets your needs. Carefully review plan rates and consider the differences before electing coverage.

Traditional Copay Plan	High Deductible Health Plan (HDHP)	The MAX High Deductible Health Plan (HDHP)
• Lower deductible and out-of-pocket maximum than the HDHP • Not eligible for HSA • Copays for most services • Preventive care at no cost	• Higher deductible and out-of-pocket maximum than Traditional Copay Plan • Eligible for the Health Savings Account (HSA) • Pretax employee HSA contributions • Preventive care at no cost	• Highest deductible and out-of-pocket maximum plan • Eligible for the Health Savings Account (HSA) • Pretax employee HSA contributions • Preventive care at no cost

MEDICAL PLAN COMPARISON

Anthem offers a Traditional Copay Plan, a High Deductible Health Plan (HDHP), and The Max High Deductible Health Plan (HDHP). The chart below shows a comparison of in-network and out-of-network deductibles and maximum out-of-pocket.

Plan Features In-Network	Traditional Copay	High Deductible	The Max
	In-Network	In-Network	In-Network
Annual Deductible (Individual/Family)	\$1,250 – Person	\$2,500 – Single Plan	\$7,000 – Person
	\$2,500 – Family	\$3,500 – Person \$5,000 – Family	\$14,000 – Family
Annual Out-of-Pocket Max (Individual/Family)	\$2,500 – Person	\$3,500 – Single Plan	\$8,300 – Person
	\$5,000 – Family	\$3,500 – Person \$7,000 – Family	\$16,600 – Family
Plan Features Out-of-Network	Traditional Copay	High Deductible	The Max
	Out-of-Network	Out-of-Network	Out-of-Network
Annual Deductible (Individual/Family)	\$2,500 – Person	\$5,000 – Single Plan	\$14,000 – Person
	\$5,000 – Family	\$7,000 – Person \$10,000 – Family	\$28,000 – Family
Annual Out-of-Pocket Max (Individual/Family)	\$5,000 – Person	\$7,000 – Single Plan	\$16,600 – Person
	\$10,000 – Family	\$7,000 – Person \$14,000 – Family	\$33,200 – Family

ANTHEM



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

With Anthem, employees have access to statewide and national networks of independent hospitals and doctors, including local, high-quality care from top-performing centers of excellence. Visit stambrosefinancial.com/anthem to review the medical plan summaries.

TRADITIONAL

Premium Increase

10%

Plan Changes

*Rx moving from 2 tier plan to 3 tier plan



Max Out-of-Pocket &
Deductible
Changes



2026 Premiums* (Vision Included)

Single	\$1,686
Family	\$4,285

HIGH DEDUCTIBLE

Premium Increase

10%

Plan Changes



Max Out-of-Pocket &
Deductible
Changes



2026 Premiums* (Vision Included)

Single	\$1,147
Family	\$2,919

THE MAX HDHP

Premium Increase

5%

Plan Changes



Max Out-of-Pocket &
Deductible
Changes



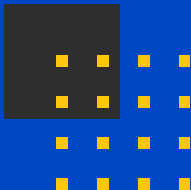
2026 Premiums* (Vision Included)

Single	\$1,024
Family	\$2,604

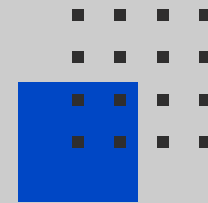
*Monthly Premiums

CVS CAREMARK

PRESCRIPTION DRUG & PHARMACY
CVS Caremark | 800-565-7091
www.caremark.com



VSP VISION



VSP | 800-877-7195 | www.vsp.com

VSP offers an extensive network of optometrists and vision care specialists. Keeping your vision clear and eyes healthy with regular eye exams. Vision insurance is included when you enroll in an Anthem health plan or you can enroll in just vision insurance. Visit stambrosefinancial.com/vsp for a vision plan summary.

VSP CHOICE

Premium Increase



Plan Changes

*Frames and contact allowance increasing



2026 Premiums

Single	\$4.95
Family	\$11.82

DELTA DENTAL



Delta Dental | 800-236-3712 | www.deltadentalwi.com/s/

Delta Dental of Wisconsin helps you maintain a healthy smile through regular preventive dental care and offer coverage to fix problems early. Visit stambrosefinancial.com/deltadental for a dental plan summary.

DELTA PPO & PREMIER

Premium Increase



Plan Changes



2026 Premiums

Single	\$39.00
Single + 1	\$76.00
Family	\$126.00



LIFE & AD&D INSURANCE

The Hartford

The Hartford | 860-547-5000 | www.thehartford.com/employee-benefits

As an eligible employee, The Hartford provides Basic Life and AD&D as well as Voluntary Life and AD&D insurance to ensure financial security to you and your family if you pass away or become seriously injured. Visit stambrosefinancial.com/thehartford for more information.

BASIC LIFE AND AD&D

ELIGIBILITY

- School year employees, full-time teacher, other teacher, or non-teacher, 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 (1,150 annual hours)
- Enrollment must take place within 31 days following the first day of work

PLAN FEATURES

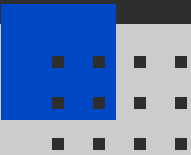
Death Benefit	\$30,000
AD&D Benefit	\$30,000
Cost (Usually employer paid)	\$3.90/month

VOLUNTARY LIFE AND AD&D

PLAN FEATURES

OPTIONAL LIFE AND AD&D OPTIONS (MUST WORK AT LEAST 20 HOURS PER WEEK)

	EMPLOYEE	SPOUSE	DEPENDENT CHILD(REN)
Coverage Options	\$10,000 increments	\$5,000 increments	\$10,000
Maximum* *Evidence of Insurability (EOI) may be required	\$500,000 (not to exceed 5x annual base pay)	\$100,000 (not to exceed 50% of employee election)	\$10,000
Guaranteed Issue Amount	\$150,000	\$25,000	\$10,000
Guaranteed Issue Period	Within 31 days following the first day of work		



LONG-TERM DISABILITY

The Hartford

The Hartford | 860-547-5000 | www.thehartford.com/employee-benefits

If you experience an injury or illness that prevents you from working, voluntary long-term disability insurance provides partial income replacement to assist you financially. Visit stambromosefinancial.com/thehartford for more information.

PLAN FEATURES	OPTIONAL LONG-TERM DISABILITY (LTD) (MUST WORK AT LEAST 20 HOURS PER WEEK)
Percent of Earnings	You can receive up to 60% of your gross income
Cost	Monthly premiums vary depending on age and income
Coverage Effective Date	Effective the first of the month following the first day of work (*unless enrolled late)
Waiting Period	Benefits begin 90 days after incurring disability
Maximum Duration	Can last until age 65 or beyond

*Late enrollees will be required to complete an EOI (Evidence of Insurability). The effective will be on the first of the month following approval by the carrier's underwriting department





**SCAN
ME!**

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