Diocese of La Crosse

HEALTH PLAN OVERVIEW

Active Priest Group

St. Ambrose Financial Services

PLAN YEAR

2026

ANTHEM

Anthem

Anthem I 833-952-2061 I 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.

BENEFIT	PPO	NON-PPO
Deductible	$0.00 - see Summary of Benefits for co-pays	$0.00 - see Summary of Benefits for co-pays
Co-Insurance	90% Insurance 10% Insured to max out-of-pocket	80% Insurance 20% Insured to max out-of-pocket
Maximum Out-of-Pocket	$900.00	$1,300.00
Preventive / Wellness	Covered at 100% (not subject to deductible)	70% Insurance (**max benefit of $700**) 30% Insured to max out-of-pocket
Prescriptions / Pharmacy Plan	Available via **CVS Caremark**	70% Insurance 30% Insured to max out-of-pocket of $1,000 pp
Pre-Certifications	Authorization required to cover hospitalization and other certain medical procedures at least 72 hours prior for nonemergency admissions	

Monthly Premium **$1609.00**

Vision & Rx Coverage Included if Enrolled in Health Plan

CVS CAREMARK

CVS Caremark I 800-565-7091 I www.caremark.com

With CVS Caremark, your new prescription benefit plan is managed for you. Let CVS Caremark help you get the medication you need and learn how to keep costs low. You can pick up your medication at any pharmacy in your network or use the convenient mail order option to have them delivered to your doorstep.

TRADITIONAL PLAN

- Retail purchases at a pharmacy for generic prescriptions: 30% copayment of the total drug cost (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 pockets: $1,000 per person; up to $3,000 per family each plan year for copays

MAIL ORDER

- 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

Check with your provider to see if a generic equivalent is available for brand name prescriptions.

VSP VISION

VSP I 800-877-7195 I 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.

INCLUDED WITH MEDICAL (HEALTH) PLAN			COPAY	FREQUENCY
	Wellness Exam	Focuses on your overall eye health; retinal screening	$10	Every 12 months
	Medical Eye Care	Additional exams and services beyond wellness exam	$20	As Needed
	Frames	$200 frame allowance *see SOB for more information	$25	Every 24 months
	Lenses	Single vision, lined bifocal & trifocal lenses	$25	Every 12 months

DELTA DENTAL

Delta Dental I 800-236-3712 I 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.

MONTHLY PREMIUM = $39.00			
Deductible	$0	$1,500 Max Benefit per benefit year	
Diagnostic & Preventative	Exams, Bitewing X-Rays, Cleanings (2x per benefit year)		100%
Basic Dental	Extractions, Restorations, Endodontics, Periodontics, Anesthesia, etc.		80%
Major Dental	Crowns, Inlays, Dentures, Implants, Porcelain Veneers, etc.		50%

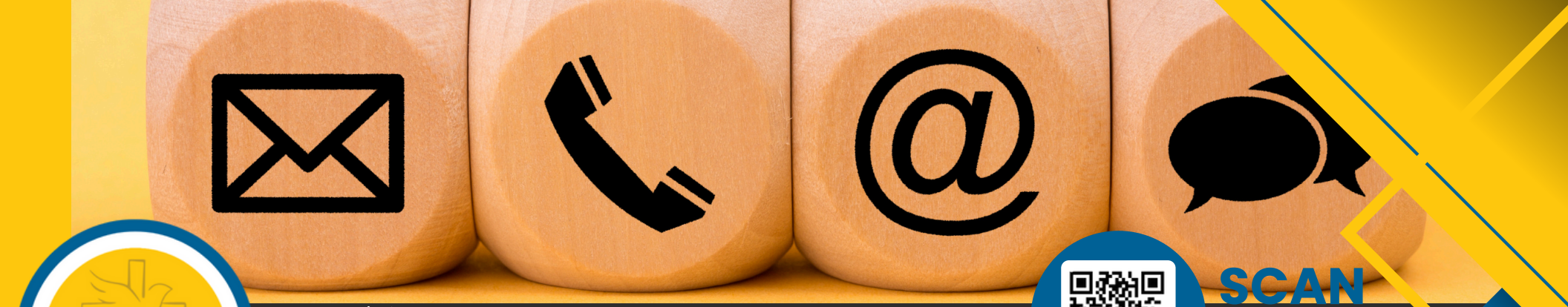
VOLUNTARY LIFE & AD&D

The Hartford

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

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

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.
Costs	Monthly premium charges depend on age and benefit amount elected. Premiums are paid by the employee.
When Can I Enroll?	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 be required to wait until the next open enrollment and will be subjected to EOI (Evidence of Insurability) which could result in being turned down.
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.
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.



ST. AMBROSE
Financial Services
Partners in Ministry. Serving Those Who Serve

SCAN ME!

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