

ARCHDIOCESE of MILWAUKEE

St. Raphael

Health Plan

Together in Benefits • For your Health and Well-Being

INN – In network; OON – Out of network; OOP – Out of pocket

MEDICAL – Full Monthly Premiums Noted	United Healthcare Choice Plus PPO In-/Out-of-Network Coverage	
	In-network	Out-of-network
Deductible – Employee INN/OON (formerly \$1,300/\$2,600)	\$2,000	\$6,000
Deductible – Other INN/OON (formerly \$2,600/\$5,200)	\$4,000	\$12,000
Coinsurance	20%	40%
OOP Max – Employee INN/OON (formerly \$2,600/\$5,200)	\$4,000	\$12,000
OOP Max – Other INN/OON (formerly \$5,200/\$10,400)	\$8,000	\$24,000
Medical & Rx OOP max is combined	Rx copays apply to <i>combined</i> OOP maximum	
Employee (formerly \$1,048)		\$1,241.39
Employee + Spouse		\$2,979.34
Employee + Child		\$2,358.64
Employee + Children		\$2,731.06
Family (formerly \$2,728)		\$3,227.62
Spousal Surcharge (not included in the above rates)		\$300 per month

	United Healthcare Choice Plus HDHP HSA Compatible; embedded deductible	
	In-network	Out-of-network
Deductible – Employee INN/OON (formerly \$2,000/\$3,900)	\$3,500	\$10,500
Deductible – Other INN/OON (formerly \$4,000/\$7,800)	\$7,000	\$21,000
Coinsurance	20%	40%
OOP Max – Employee INN/OON (formerly \$5,100/\$7,000)	\$7,000	\$21,000
OOP Max – Other INN/OON (formerly \$8,100/\$14,000)	\$14,000	\$42,000
Medical & Rx OOP max is combined	Rx copays apply to <i>combined</i> OOP maximum	
Employee (formerly \$712)		\$793.16
Employee + Spouse		\$1,903.58
Employee + Child		\$1,507.00
Employee + Children		\$1,744.95
Family (formerly \$1,852)		\$2,062.21
Spousal Surcharge (not included in the above rates)		\$300 per month

DENTAL – Full Monthly Premiums Noted		Delta Dental PPO, Premier, or Out-of-Network
Individual Annual Maximum		\$1,500
Deductible – Individual/Family		\$0/\$0
Diagnostic & Preventive (e.g., exams, cleanings, x-rays, sealants)		100%
Basic & Major Services (ER treatment, fillings, root canals, extractions, oral surgery)		100%
Basic & Major Services (crowns, bridges, dentures, implants)		60%
Orthodontic Services Coinsurance/Annual Max (for dependents)		50%/\$1,000
Maximum Benefit Bonus (a portion of unused annual maximum rolls over to new Plan year)		Yes
Evidence-based Integrated Care and Special Health Care Needs Benefit		Yes
Employee (formerly \$43.02)		\$46.46
Employee + Spouse		\$92.92
Employee + Children		\$102.74
Family (formerly \$120.88)		\$154.43
VISION – Full Monthly Premiums Noted		DeltaVision Base Plan
Network		EyeMed Insight
Comprehensive Glasses Exam		\$10
Retinal Imaging		Member pays up to \$39
Frame/Contact Allowance		\$175/\$175
Frequency		12 months (each calendar year)
Employee (formerly \$6.50-no change)		\$6.50
Employee + Spouse		\$13.00
Employee + Children		\$13.26
Family (formerly \$17.39)		\$20.78
		DeltaVision Premier Plan
Network		EyeMed Insight
Comprehensive Glasses Exam		\$0
Retinal Imaging		Member pays up to \$39
Frame/Contact Allowance		\$200/\$200
Frequency		12 months (each calendar year)
Employee (formerly \$7.92-no change)		\$7.92
Employee + Spouse		\$15.84
Employee + Children		\$16.97
Family (formerly \$21.83)		\$25.21

SHORT TERM DISABILITY

Carrier:	UNUM
Eligible Groups:	Lay employees
Minimum Hours Requirement:	30+ hours per week
Waiting Period (for new hires):	First of the month after 30 days of employment
Payor Information:	100% employee paid
Elimination Period:	14 days
Weekly Benefit:	60% of weekly gross earnings to a maximum of \$1,000 per week
Benefit Period:	Up to 11 weeks
Rates:	Age banded
Other Features:	Rehabilitation and Return to Work Assistance Benefit (up to an additional \$250 per week)
	Waiver of premium

CRITICAL ILLNESS

Carrier:	United Healthcare
Eligible Groups:	Lay employees, clergy, religious sisters and brothers
Minimum Hours Requirement:	20+ hours per week
Waiting Period (for new hires):	First of the month after 30 days of employment
Payor Information:	100% employee paid
Max Benefit Amount Payable:	\$10,000 Employee/Spouse; \$5,000/Child(ren)
Additional Occurrence Benefit:	Yes (diagnosis dates must be 180 days apart)
Wellness Exam Benefit:	\$50 per calendar year
Monthly Rates:	Age banded rate per \$1,000 of coverage
Other Features:	Portable
	Benefit Assist - automatic payments based on claims data

HOSPITAL INDEMNITY Full Monthly Premiums Noted

Carrier:	United Healthcare
Eligible Groups:	Lay employees, clergy, religious sisters and brothers
Minimum Hours Requirement:	20+ hours per week
Waiting Period (for new hires):	First of the month after 30 days of employment
Payor Information:	100% employee paid
Max Benefits Amount Payable:	\$500 per hospital admission, limited to 3 admissions per year
	\$100 per day of hospital confinement, limited to \$364 days per year
	\$500 per ICU admission payable in addition to hospital admission, limited to 3 admissions per year
	\$100 per day of ICU confinement, payable in addition to hospital confinement, limited to 364 days per year
Wellness Exam Benefit:	\$50 per calendar year
Monthly Rates:	Employee Only - \$8.89
	Employee & Spouse - \$17.20
	Employee & Child(ren) - \$14.38
	Employee & Spouse & Child(ren) - \$24.11
Other Features:	Portable
	Benefit Assist - automatic payments based on claims data

ACCIDENT PROTECTION Full Monthly Premiums Noted	
Carrier:	United Healthcare
Eligible Groups:	Lay employees, clergy, religious sisters and brothers
Minimum Hours Requirement:	20+ hours per week
Waiting Period (for new hires):	First of the month after 30 days of employment
Payor Information:	100% employee paid
Benefits Payable*:	Amounts noted per Injury and Initial, Hospital, and Follow-up Care
	Injuries range from common to serious; benefits apply accordingly
	Initial care includes ambulance (air & ground), ER, Urgent Care, Physician Office
	Hospital care includes admission, confinement, ICU admission, ICU confinement
	Follow-up care includes wheelchair, scooters, braces, crutches, boots, casts, etc.
	Death & Dismemberment - 100% Employee/Spouse, 50% Child(ren)
	Life, loss of hands or feet or a combination of both, \$20,000
	Loss of fingers or toes, \$4,000; loss of one finger or toe, \$2,000
	Common Carrier (airplane, train, ship, etc.) Life benefit - \$80,000
	* See benefits schedule in Plan document
Wellness Exam Benefit:	\$50
Monthly Rates:	Employee Only - \$5.94
	Employee & Spouse - \$9.37
	Employee & Child(ren) - \$11.15
	Employee & Spouse & Child(ren) - \$17.26
Other Features:	Portable
	Benefit Assist - automatic payments based on claims data

St Raphael Health Plan 2027; changes are noted in red.