

**OPEN ENROLLMENT INFORMATION FOR** [Parish Name Here] **EMPLOYEES**

Open enrollment for Medical, Dental, Vision, Short Term Disability, Critical Illness, Hospital Indemnity, and Accident Protection insurance begins November 3 and ends at midnight on November 17, 2025. You have two weeks to review your benefits and complete your open enrollment online at [www.MyEnroll.com](http://www.MyEnroll.com). If you forgot your username and password, please select “forgot username or password” and follow the prompts, or reach out to the MyEnroll.com Support Team at service@myenroll.com or 800-945-5513.

**IMPORTANT: If you are benefits eligible (i.e., 20+ hours per week), you are expected to participate in this Open Enrollment.**

**WATCH FOR AN EMAIL on November 3 from** **ArchdioceseofMilwaukee@MyEnroll.com** notifying you that Open Enrollment has started. Then login to MyEnroll.com and elect or waive your benefits.

**Note:** Plan documents are in the *Library* under *Quick Links* after you login at MyEnroll.com. Please select Plan Year 2026.

**BENEFITS OPTIONS**

**UnitedHealthcare (UHC) Medical Insurance Plans**

1. Choice Plus PPO, Deductibles: $1,300 Single, $2,600 Family

Full Monthly Premium: $1,048.00 Single; $2,728.00 Family

*See table below for your employee premium share.*

1. Choice Plus HDHP, HSA Compatible, Deductibles: $2,000 Single, $4,000 Family

Full Monthly Premium: $712.00 Single; $1852.00 Family

*See table below for your employee premium share.*

**Delta Dental of Wisconsin**

Full Monthly Premium: $43.02 Single; $120.88 Family

**NEW! DeltaVision (Eye Med)**

Base Plan, Full Monthly Premium $6.50 Single; $17.39 Family

Premier Plan, $7.92 Single; $21.83 Family

**UNUM Short Term Disability**

Age banded rates

**Critical Illness**

Age banded rates

**Hospital Indemnity**

Employee Only - $8.89, Employee & Spouse - $17.20, Employee & Child(ren) - $14.38

Employee & Spouse & Child(ren) - $24.11

**Accident Protection**

Employee Only - $5.94, Employee & Spouse - $9.37, Employee & Child(ren) - $11.15

Employee & Spouse & Child(ren) - $17.26

**Employer Subsidy/Employee Share of Premium** The following rates are effective January 1 through December 31, 2026. **Note:** these rates reflect a *semi-monthly* payment schedule, the standard employer subsidy of 85% Single and 70% Family for medical coverage, and no employer subsidy for dental and vision insurance.

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|  | **Employer Share** | **Monthly and Per Payroll Cost to You** |
|  | **Single/Family**  | **Single coverage** | **Family coverage** |
| **PLAN** | Monthly | Monthly | Per Payroll | Monthly | Per Payroll |
| **Choice Plus PPO** | $890.80/$1909.60 | $157.20 | $78.6 | $818.40 | $409.20 |
| **Choice Plus HDHP** (HSA Compatible) | $605.20/$1,296.4 | $106.80 | $53.40 | $555.60 | $277.80 |
| **Dental** |  | $43.02 | $21.51 | $120.88 | $60.44 |
| **DeltaVision Base**  |  | $6.50 | $3.25 | $17.39 | $8.70 |
| **DeltaVision Premier** |  | $7.92 | $3.96 | $21.83 | $10.92 |
| **Short Term Disability** |  | Age Banded | Age Banded | Age Banded | Age Banded |
| **Critical Illness** | Age Banded | Age Banded | Age Banded | Age Banded |
| **Hospital Indemnity** | $8.89 | $4.45 | $17.20 to $24.11 | $8.60 to $12.06 |
| **Accident Protection** | $5.94 | $2.97 | $9.37 to $17.26 | $4.65 to $8.63 |