

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. 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.
2. 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.

	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