


DIOCESE OF LAFAYETTE
OFFICE OF THE CHANCELLOR
1408 Carmel Drive
Lafayette, Louisiana 70501

TO: PASTORS, PRINCIPALS, ADMINISTRATORS
FROM: MAUREEN K. FONTENOT, Chancellor 
DATE: DECEMBER 12, 2018
RE: IMPORTANT BENEFITS INFORMATION

It is imperative that this information be immediately communicated to all employees

Wishing you and yours a Blessed Advent Season!

Regarding diocesan health insurance, there was much discussion amongst members of the Diocesan Benefits Committee regarding premiums as the cost of health care continues to rise and we continue to experience extremely high usage of very costly prescription drugs. This, of course, is what insurance is about and we are fortunate to have such a generous plan.

To this end, the following were recommended to and approved by Bishop Deshotel:

Effective **January 1, 2019**:

1. The individual calendar-year deductible will increase from \$650 to \$700, family maximum of 3 times.
2. The calendar-year out-of-pocket maximum will increase from \$1,950 to \$2,100 per covered member, at a participating provider. (There is no annual out-of-pocket maximum for non-PPO providers.)
3. The co-pay structure for prescription drugs will be restructured as follows:

Generic, \$15 co-pay
Brand with No Generic, \$28 co-pay
Brand with Generic, \$42 co-pay

Effective **July 1, 2019**:

1. The **employer's** portion of Individual coverage will increase from \$600 to \$625/covered employee/month.
2. The **employee's** portion of Individual coverage will increase from \$25 to \$30/month.
3. The **employee's** portion of Family coverage will increase from \$695/month to \$735/month.

Regarding the diocesan group dental and vision insurance, we were able to renew the vision insurance with no change in premiums and an increase in benefits. Unfortunately, the same cannot be said for dental. Although no change in dental benefits, we will realize a slight premium increase.

Therefore, effective **January 1, 2019**, for those employees choosing BUY-UP dental coverage, the monthly premiums will be as follows:

Employee only	\$18.90*
Employee + Spouse	\$46.12*
Employee + Child(ren)	\$43.06*
Employee + Family	\$70.98*

*For those employees enrolling in dental, who do not participate in diocesan health insurance, the amount of the BASE premium (\$14.22/month) will be added to the above figures.

For vision insurance, as we previously communicated, there is an enhancement (increase in discount) to out-of-network coverage as follows:

1. Exam co-pay increased from “up to \$30” to “up to \$35”
2. Conventional contact lens allowance increased from “up to \$104” to “up to \$150”
3. Disposable contact lens allowance increased from “up to \$104” to “up to \$150”
4. Medically-necessary contact lens allowance increased from “up to \$200” to “up to \$210”

If you should have any questions, or if we can be of any assistance, please do not hesitate to call my office at 337-261-5526.

Thank you.

c Bookkeepers/Benefits Coordinators