

[Health Plan Monthly Rates]

Catholic Diocese of Cleveland HEALTH CARE PLANS - MONTHLY RATES - EFFECTIVE JULY 1, 2018

	MMO PPO/HSA	MMO PPO	METROSELECT EPO	STANDARD DENTAL ₁	PPO DENTAL ₁	HIGH OPTION PPO DENTAL ₂	VSP
Total Plan Cost (Normal part-time employee rate)							
Single - no incentive	\$589	\$686	\$612	\$27	\$27	\$42	\$9
- one incentive	\$574	\$671	\$597	N/A ₄	N/A ₄	N/A ₄	N/A ₄
- two incentives	\$559	\$656	\$582	N/A ₄	N/A ₄	N/A ₄	N/A ₄
Family - no incentive	\$1,504	\$1,849	\$1,649	\$53	\$53	\$82	\$24
- one incentive	\$1,474	\$1,819	\$1,619	N/A ₄	N/A ₄	N/A ₄	N/A ₄
- two incentives	\$1,444	\$1,789	\$1,589	N/A ₄	N/A ₄	N/A ₄	N/A ₄
Medicare	N/A	\$474	N/A	\$27	\$27	\$42	\$9
Medicare no Rx	N/A	\$259	N/A	\$27	\$27	\$42	\$9
Normal Employee Cost - No Incentive							
Single	\$62	\$159	\$141	\$0	\$0	\$15	\$9
Family	\$237	\$582	\$517	\$0	\$0	\$29	\$24
Normal Employee Cost - One Incentive							
Single	\$47	\$144	\$126	N/A ₄	N/A ₄	N/A ₄	N/A ₄
Family	\$207	\$552	\$487	N/A ₄	N/A ₄	N/A ₄	N/A ₄
Normal Employee Cost - Two Incentives							
Single	\$32	\$129	\$111	N/A ₄	N/A ₄	N/A ₄	N/A ₄
Family	\$177	\$522	\$457	N/A ₄	N/A ₄	N/A ₄	N/A ₄
Employer Cost - All Incentives₃							
Single	\$527	\$527	\$471	\$27	\$27	\$27	\$0
Family	\$1,267	\$1,267	\$1,132	\$53	\$53	\$53	\$0
	A spousal surcharge, where applicable, adds \$650 per month to the family plan premiums stated in the table.						

¹ Rate paid by employer for participant not selecting a medical plan. PPO and EPO rates include choice of Standard or PPO Dental.

² Employees covered with a medical plan pay the difference in cost for the High Option PPO Dental.

³ Employer cost remains the same regardless of the incentives earned by the employee.

⁴ Incentives do not apply to dental only and vision coverage.

