

[Health Plan Monthly Rates]

Catholic Diocese of Cleveland

HEALTH CARE PLANS - MONTHLY RATES - EFFECTIVE JULY 1, 2020

	MMO PPO/HSA	MMO PPO	SKY-CARE EPO	MMO MEDFLEX EPO	STANDARD DENTAL ₁	PPO DENTAL ₁	HIGH OPTION PPO DENTAL ₂	VSP
Total Plan Cost (Normal part-time employee rate)								
Single - no incentive	\$522	\$737	\$641	\$679	\$27	\$27	\$42	\$9
- one incentive	\$507	\$722	\$626	\$664	N/A ₄	N/A ₄	N/A ₄	N/A ₄
- two incentives	\$492	\$707	\$611	\$649	N/A ₄	N/A ₄	N/A ₄	N/A ₄
Family - no incentive	\$1,331	\$1,995	\$1,730	\$1,832	\$53	\$53	\$82	\$24
- one incentive	\$1,301	\$1,965	\$1,700	\$1,802	N/A ₄	N/A ₄	N/A ₄	N/A ₄
- two incentives	\$1,271	\$1,935	\$1,670	\$1,772	N/A ₄	N/A ₄	N/A ₄	N/A ₄
MedAdvantage (Medicare)	N/A	\$211.37	N/A	N/A	\$27 ₅	\$27 ₅	\$42 ₅	\$9
Normal Employee Cost - No Incentive								
Single	\$55	\$175	\$148	\$157	\$0	\$0	\$15	\$9
Family	\$209	\$641	\$543	\$576	\$0	\$0	\$29	\$24
Normal Employee Cost - One Incentive								
Single	\$40	\$160	\$133	\$142	N/A ₄	N/A ₄	N/A ₄	N/A ₄
Family	\$179	\$611	\$513	\$546	N/A ₄	N/A ₄	N/A ₄	N/A ₄
Normal Employee Cost - Two Incentives								
Single	\$25	\$145	\$118	\$127	N/A ₄	N/A ₄	N/A ₄	N/A ₄
Family	\$149	\$581	\$483	\$516	N/A ₄	N/A ₄	N/A ₄	N/A ₄
Employer Cost - All Incentives ₃								
Single	\$467	\$562	\$493	\$522	\$27	\$27	\$27	\$0
Family	\$1,122	\$1,354	\$1,187	\$1,256	\$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 stays the same regardless of the incentives earned by the employee.

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

⁵ Participants in the MedAdvantage Plan pay the entire cost for dental.