[Health Plan Monthly Rates]

Catholic Diocese of Cleveland HEALTH CARE PLANS - MONTHLY RATES - EFFECTIVE JULY 1, 2021

	MMO PPO/HSA	MMO PPO	SKYCARE 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	\$776	\$659	\$698	\$27	\$27	\$42	\$9
- one incentive	\$507	\$761	\$644	\$683	N/A ₄	N/A ₄	N/A ₄	N/A ₄
- two incentives	\$492	\$746	\$629	\$668	N/A ₄	N/A ₄	N/A ₄	N/A ₄
Family - no incentive	\$1,331	\$2,102	\$1,779	\$1,884	\$53	\$53	\$82	\$24
- one incentive	\$1,301	\$2,072	\$1,749	\$1,854	N/A ₄	N/A ₄	N/A ₄	N/A ₄
- two incentives	\$1,271	\$2,042	\$1,719	\$1,824	N/A ₄	N/A ₄	N/A ₄	N/A_4
MedAdvantage (Medicare)	N/A	\$187.57	N/A	N/A	\$275	\$275	\$425	\$9
Normal Employee Cost - No Incentive								
Single	\$55	\$185	\$152	\$162	\$0	\$0	\$15	\$9
Family	\$209	\$677	\$559	\$593	\$0	\$0	\$29	\$24
Normal Employee Cost - One Incentive								
Single	\$40	\$170	\$137	\$147	N/A ₄	N/A ₄	N/A ₄	N/A ₄
Family	\$179	\$647	\$529	\$563	N/A ₄	N/A ₄	N/A ₄	N/A ₄
Normal Employee Cost - Two Incentives								
Single	\$25	\$155	\$122	\$132	N/A ₄	N/A ₄	N/A ₄	N/A ₄
Family	\$149	\$617	\$499	\$533	N/A ₄	N/A ₄	N/A ₄	N/A ₄
Employer Cost - All Incentives ₃								
Single	\$467	\$591	\$507	\$536	\$27	\$27	\$27	\$0
Family	\$1,122	\$1,425	\$1,220	\$1,291	\$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.