

# [Health Plan Monthly Rates]

## Catholic Diocese of Cleveland HEALTH CARE PLANS - MONTHLY RATES - EFFECTIVE JULY 1, 2023

	MMO PPO/HSA	MMO PPO	SKY CARE EPO	MMO MEDFLEX EPO	STANDARD DENTAL <sub>1,6</sub>	PPO DENTAL <sub>1,6</sub>	HIGH OPTION PPO DENTAL <sub>2,6</sub>	VSP
Total Plan Cost (Normal part-time employee rate)								
Single - no incentive	\$759	\$887	\$758	\$802	\$27	\$27	\$42	\$9
- one incentive	\$744	\$872	\$743	\$787	N/A <sub>4</sub>	N/A <sub>4</sub>	N/A <sub>4</sub>	N/A <sub>4</sub>
- two incentives	\$729	\$857	\$728	\$772	N/A <sub>4</sub>	N/A <sub>4</sub>	N/A <sub>4</sub>	N/A <sub>4</sub>
Family - no incentive	\$1,939	\$2,395	\$2,047	\$2,168	\$53	\$53	\$82	\$24
- one incentive	\$1,909	\$2,365	\$2,017	\$2,138	N/A <sub>4</sub>	N/A <sub>4</sub>	N/A <sub>4</sub>	N/A <sub>4</sub>
- two incentives	\$1,879	\$2,335	\$1,987	\$2,108	N/A <sub>4</sub>	N/A <sub>4</sub>	N/A <sub>4</sub>	N/A <sub>4</sub>
MedAdvantage (Medicare)	N/A	\$191.32	N/A	N/A	\$27 <sub>5</sub>	\$27 <sub>5</sub>	\$42 <sub>5</sub>	\$9 <sub>5</sub>
Normal Employee Cost - No Incentive								
Single	\$81	\$209	\$176	\$187	\$0	\$0	\$15	\$9
Family	\$311	\$767	\$646	\$685	\$0	\$0	\$29	\$24
Normal Employee Cost - One Incentive								
Single	\$66	\$194	\$161	\$172	N/A <sub>4</sub>	N/A <sub>4</sub>	N/A <sub>4</sub>	N/A <sub>4</sub>
Family	\$281	\$737	\$616	\$655	N/A <sub>4</sub>	N/A <sub>4</sub>	N/A <sub>4</sub>	N/A <sub>4</sub>
Normal Employee Cost - Two Incentives								
Single	\$51	\$179	\$146	\$157	N/A <sub>4</sub>	N/A <sub>4</sub>	N/A <sub>4</sub>	N/A <sub>4</sub>
Family	\$251	\$707	\$586	\$625	N/A <sub>4</sub>	N/A <sub>4</sub>	N/A <sub>4</sub>	N/A <sub>4</sub>
Employer Cost - All Incentives <sub>3</sub>								
Single	\$678	\$678	\$582	\$615	\$27	\$27	\$27	\$0
Family	\$1,628	\$1,628	\$1,401	\$1,483	\$53	\$53	\$53	\$0
	A spousal surcharge, where applicable, adds \$750 per month to the family plan premiums stated in the table.							

<sup>1</sup> Rate paid by employer for participant not selecting a medical plan. PPO, EPO rates include choice of Standard or PPO Dental.

<sup>2</sup> Employees covered with a medical plan pay the difference in cost for the High Option PPO Dental, \$15 Single and \$29 Family Dental.

<sup>3</sup> Employer cost remains the same regardless of the incentives earned by the employee.

<sup>4</sup> Incentives do not apply to dental or vision coverage only.

<sup>5</sup> Participants in the MedAdvantage Plan pay the entire cost for dental.

<sup>6</sup> Participants with single medical and family dental must pay the difference between single dental and family dental: +\$26 for Standard Dental, +\$55 for High Option Dental.