

[Health Plan Monthly Rates]

Catholic Diocese of Cleveland HEALTH CARE PLANS - MONTHLY RATES - EFFECTIVE JULY 1, 2024

	MMO PPO/HSA	MMO PPO	SKYCARE EPO	MMO MEDFLEX EPO	STANDARD DENTAL _{1,6}	PPO DENTAL _{1,6}	HIGH OPTION PPO DENTAL _{2,6}	VSP
Total Plan Cost (Normal part-time employee rate)								
Single - no incentive	\$772	\$904	\$771	\$816	\$27	\$27	\$42	\$9
- one incentive	\$757	\$889	\$756	\$801	N/A ₄	N/A ₄	N/A ₄	N/A ₄
- two incentives	\$742	\$874	\$741	\$786	N/A ₄	N/A ₄	N/A ₄	N/A ₄
Family - no incentive	\$1,972	\$2,442	\$2,086	\$2,210	\$53	\$53	\$82	\$24
- one incentive	\$1,942	\$2,412	\$2,056	\$2,180	N/A ₄	N/A ₄	N/A ₄	N/A ₄
- two incentives	\$1,912	\$2,382	\$2,026	\$2,150	N/A ₄	N/A ₄	N/A ₄	N/A ₄
MedAdvantage (Medicare)	N/A	\$209.11	N/A	N/A	\$27 ₅	\$27 ₅	\$42 ₅	\$9 ₅
Normal Employee Cost - No Incentive								
Single	\$84	\$216	\$181	\$192	\$0	\$0	\$15	\$9
Family	\$320	\$790	\$665	\$706	\$0	\$0	\$29	\$24
Normal Employee Cost - One Incentive								
Single	\$69	\$201	\$166	\$177	N/A ₄	N/A ₄	N/A ₄	N/A ₄
Family	\$290	\$760	\$635	\$676	N/A ₄	N/A ₄	N/A ₄	N/A ₄
Normal Employee Cost - Two Incentives								
Single	\$54	\$186	\$151	\$162	N/A ₄	N/A ₄	N/A ₄	N/A ₄
Family	\$260	\$730	\$605	\$646	N/A ₄	N/A ₄	N/A ₄	N/A ₄
Employer Cost - All Incentives ₃								
Single	\$688	\$688	\$590	\$624	\$27	\$27	\$27	\$0
Family	\$1,652	\$1,652	\$1,421	\$1,504	\$53	\$53	\$53	\$0
	A spousal surcharge, where applicable, adds \$750 per month to the family plan premiums stated in the table.							

¹ Rate paid by employer for participant not selecting a medical plan. PPO, 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, \$15 Single and \$29 Family Dental.

³ Employer cost remains 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.

⁶ 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.