**DIOCESE OF DULUTH SPONSORED PLANS**

**2018-2019 Health and Dental Insurance**

**Single Coverage**

The employer will pay 90% of the premium for single coverage for its employees under the **Basic** **Plan** and the **Standard Plan**. If the employee chooses the **Choice Plan**, the premium difference is the responsibility of the employee.

**Family Coverage**

The employer will contribute 90% of the cost of the single **Basic Plan** per month toward the purchase of family coverage for those individuals requiring it. The remainder of the premium will be the responsibility of the employee.

**BCBS Health Monthly Rates (Effective 9/1/2018 – 8/31/2019)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Standard Plan (BCBS 1500-35)** | | | |
| **Coverage** | **Employer** | **Employee** | **Total Premium** |
| **Single** | **$575.10** | **$63.90** | **$639.00** |
| **Family** | **$646.20** | **$951.80** | **$1,598.00** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Basic Plan (BCBS 500-25)** | | | |
| **Coverage** | **Employer** | **Employee** | **Total Premium** |
| **Single** | **$646.20** | **$71.80** | **$718.00** |
| **Family** | **$646.20** | **$1,118.30** | **$1,764.50** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Choice Plan (BCBS 75%-25)** | | | |
| **Coverage** | **Employer** | **Employee** | **Total Premium** |
| **Single** | **$646.20** | **$114.80** | **$761.00** |
| **Family** | **$646.20** | **$1,255.30** | **$1,901.50** |

# MetLife Dental Monthly Rates (Effective 9/1/2018 – 8/31/2019)

|  |  |  |  |
| --- | --- | --- | --- |
| **Coverage** | **Employer** | **Employee** | **Total Premium** |
| **Single** | **$0** | **$33.11** | **$33.11** |
| **Family** | **$0** | **$103.37** | **$103.37** |

**Note: Dental coverage is voluntary and not the responsibility of the employer.**

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PAYROLL REDUCTION

I authorize a pre-tax reduction of my salary by $ \_\_\_\_\_\_\_\_\_\_\_\_ for health coverage.

I authorize a pre-tax reduction of my salary by $ \_\_\_\_\_\_\_\_\_\_\_\_ for dental coverage.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_