

2020 EMPLOYEE BENEFIT PLAN PRICING



The following chart summarizes the monthly plan rates for the various benefits based on coverage level for the plans offered by your location. Review the Summary of Benefits and Coverage available at www.sfcatholic.org/humanresources for other benefit or plan information.

DIOCESAN HEALTH PLAN				
PLAN TYPE	TOTAL MONTHLY PREMIUM	EMPLOYEE MONTHLY PREMIUM DEDUCTION	EMPLOYER MONTHLY PREMIUM CONTRIBUTION	EMPLOYER HSA CONTRIBUTION PER YEAR
HIGH DEDUCTABLE HEALTH PLAN with HSA*				
SINGLE	\$603.00			Up to \$750 in even monthly installments
EMPLOYEE + CHILD	\$1,405.00			Up to \$1500 in even monthly installments
FAMILY	\$1,584.00			Up to \$1500 in even monthly installments
*The 2020 IRS Annual Maximum for a health savings account is \$3,550 for those on a single plan and \$7,100 for those on family plans. Employee and employer contributions will be applied to the annual IRS maximum. There may be tax consequences if contributions exceed the annual IRS maximum.				
TRADITIONAL HEALTH PLAN				
SINGLE	\$758.00			NOT APPLICABLE
EMPLOYEE + CHILD	\$1,770.00			NOT APPLICABLE
FAMILY	\$1,978.00			NOT APPLICABLE
BRONZE HEALTH PLAN				
SINGLE	\$480.00	\$ 103.00	\$ 377.00	NOT APPLICABLE
EMPLOYEE + CHILD	\$1,118.00			NOT APPLICABLE
FAMILY	\$1,239.00			NOT APPLICABLE

LIFE INSURANCE AND AD&D PLAN				
PLAN TYPE	COVERAGE AMOUNT	TOTAL MONTHLY PREMIUM	EMPLOYEE MONTHLY DEDUCTION	EMPLOYER MONTHLY CONTRIBUTION
CLASS 1	10,000	\$1.61		
CLASS 2	25,000	\$4.03		
CLASS 3	35,000	\$5.64		
CLASS 4	50,000	\$8.05		
CLASS 1 65+	6,500	\$1.04		
CLASS 2 65+	16,250	\$2.60		
CLASS 3 65+	22,750	\$3.64		
CLASS 4 65+	32,500	\$5.20		
CLASS 1 70+	5,000	\$.80		
CLASS 2 70+	12,500	\$2.00		
CLASS 3 70+	17,500	\$2.80		
CLASS 4 70+	25,000	\$4.00		
Dependent Life	1,000	\$.58		
Spouse Life	2,000	\$.58		

LONG TERM DISABILITY PLAN			
PLAN TYPE PER MO/GROSS	TOTAL MONTHLY PREMIUM	EMPLOYEE MONTHLY DEDUCTION	EMPLOYER MONTHLY CONTRIBUTION
LEVEL 1 0-2,000	\$7.00		
LEVEL 2 2,001-3,000	\$9.00		
LEVEL 3 3,001-5,000	\$15.00		
LEVEL 4 5,001—8,334	\$20.00		
LEVEL 5 8,335—plus	\$28.50		

DENTAL PLAN			
PLAN TYPE	TOTAL MONTHLY PREMIUM	EMPLOYEE MONTHLY DEDUCTION	EMPLOYER MONTHLY CONTRIBUTION
SINGLE	\$53.60		
FAMILY	\$137.50		

Not all locations offer a dental plan as part of their Employee Benefit Package. Please contact your local benefit coordinator for more information.

Information regarding Summary of Benefits and Coverage along with HIPAA Privacy Notice, CHIP, Medicare D and WHCRA Notice can be found on the Diocesan website at:

www.sfcatholic.org/human-resources