



CATHOLICCARE

AUTHENTICALLY CATHOLIC

2022 PLAN PRICING

Our goal is to continue to provide high quality benefit plans that are in full alignment with our Catholic faith so that our employees may live as missionary disciples in every aspect of their lives. Listed below are the monthly rates for the various benefit plans offered through CatholicCare for 2022. Plan offerings and the employer portion of the monthly premium vary by location. Please check with your local benefit coordinator for more details.

Information regarding Summary of Benefits and Coverage along with HIPPA Privacy Notice, CHIP, Medicare D and WHCRA Notices can be found at: www.sfcatholic.org/human-resources

GENESIS HEALTH PLAN				
PLAN/TIER	TOTAL MONTHLY PREMIUM	EMPLOYEE MONTHLY PREMIUM DEDUCTION	EMPLOYER MONTHLY PREMIUM CONTRIBUTION	EMPLOYER HSA CONTRIBUTION PER YEAR
HIGH DEDUCTIBLE HEALTH PLAN (HDHP) with HSA*				
SINGLE	\$ 656.00			Up to \$750 in even monthly installments
EMPLOYEE + CHILD(REN)	\$1,526.00			Up to \$1500 in even monthly installments
FAMILY	\$1,722.00			Up to \$1500 in even monthly installments
*The 2022 IRS Annual Maximum for a health savings account is \$3,650 for those electing a Single HDHP Tier and \$7,300 for those electing a Family HDHP Tier. Employee and employer contributions will be applied toward the annual IRS maximum. There may be tax consequences for you if contributions exceed the annual IRS maximum.				
TRADITIONAL HEALTH PLAN (TRAD)				
SINGLE	\$ 824.00			Not applicable
EMPLOYEE + CHILD(REN)	\$1,923.00			Not applicable
FAMILY	\$2,150.00			Not applicable
BRONZE HEALTH PLAN (BRNZ)				
SINGLE	\$ 522.00	\$ 102.00	\$ 420.00	Not applicable
EMPLOYEE + CHILD(REN)	\$1,215.00			Not applicable
FAMILY	\$1,346.00			Not applicable

DELTA DENTAL PLAN			
NOTE: Not all locations offer a dental plan as part of their employee benefit offerings.			
PLAN TYPE	TOTAL MONTHLY PREMIUM	EMPLOYEE MONTHLY DEDUCTION	EMPLOYER MONTHLY CONTRIBUTION
SINGLE	\$58.96		
FAMILY	\$151.26		

UNUM LIFE INSURANCE and AD & D PLAN				
PLAN LEVEL	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		

UNUM LONG TERM DISABILITY				
PLAN LEVEL	BASED ON MONTHLY 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 +	\$28.50		