

Sisters of St. Joseph
2019 - 2020 Plan Rates
 Medical, Vision, and Dental

	Total Monthly Premium	Sisters of St. Joseph Monthly Contribution	Employee Monthly Contribution	Employee Bi-Weekly Pay Deduction
Medical Plan Option 1 \$500 / \$1,000 / \$2,000 Deductible				
Employee Only	\$730.62	\$657.56 *	\$73.06 *	\$33.72
Employee and Spouse	\$1,681.18	\$1,344.94 **	\$336.24 **	\$155.19
Employee & Child(ren)	\$1,355.31	\$1,084.25 **	\$271.06 **	\$125.11
Family	\$2,230.60	\$1,784.48 **	\$446.12 **	\$205.89
Medical Plan Option 2 \$0 / \$500 / \$1,000 Deductible				
Employee Only	\$764.71	\$611.77 **	\$152.94 **	\$70.59
Employee and Spouse	\$1,759.61	\$1,231.73 ***	\$527.88 ***	\$243.64
Employee & Child(ren)	\$1,418.54	\$992.98 ***	\$425.56 ***	\$196.41
Family	\$2,334.67	\$1,634.27 ***	\$700.40 ***	\$323.25
Vision Plan Costs				
Employee Only	\$6.95	\$0.00	\$6.95	\$3.21
Employee and Spouse	\$13.90	\$0.00	\$13.90	\$6.42
Employee and Child	\$13.90	\$0.00	\$13.90	\$6.42
Employee and Children	\$20.85	\$0.00	\$20.85	\$9.63
Employee and Family	\$20.85	\$0.00	\$20.85	\$9.63
Dental Plan Cost				
Employee Only	\$32.99	\$0.00	\$32.99	\$15.23
Employee and Spouse	\$86.28	\$0.00	\$86.28	\$39.82
Employee & Child(ren)	\$86.28	\$0.00	\$86.28	\$39.82
Family	\$86.28	\$0.00	\$86.28	\$39.82

* 90/10% Split Monthly Premium ** 80/20% Split of Monthly Premium *** 70/30% Split of Monthly Premium
