



Diocese of Great Falls-Billings

Health, Dental and Vision Plan Rates

Health - (High Deductible Health Plan “HDHP” – Health Savings Account Eligible)

	<u>Total Monthly Premium</u>	<u>ER Paid Per Month</u>	<u>EE Paid Per Month</u>
Single:	\$750.28	\$750.28	\$0.00
EE & Spouse:	\$1,642.84	\$955.84	\$687.00
EE & Child	\$1,233.75	\$680.75	\$553.00
Family	\$2,089.14	\$1,160.14	\$929.00

Health - (Preferred Provider Organization Plan “PPO” – Flexible Spending Account Eligible)

	<u>Total Monthly Premium</u>	<u>ER Paid Per Month</u>	<u>EE Paid Per Month</u>
Single:	\$842.92	\$642.92	\$200.00
EE & Spouse:	\$1,845.69	\$845.69	\$1,000.00
EE & Child	\$1,386.08	\$620.08	\$766.00
Family	\$2,347.10	\$1,150.10	\$1,197.00

Dental – “Delta Dental”

	<u>Total Monthly Premium</u>	<u>ER Paid Per Month</u>	<u>EE Paid Per Month</u>
Single:	\$40.62	\$40.62	\$0.00
EE & Spouse:	\$88.14	\$41.14	\$47.00
EE & Child	\$66.36	\$33.36	\$33.00
Family	\$111.90	\$60.90	\$51.00

Vision – “VSP”

	<u>Total Monthly Premium</u>	<u>ER Paid Per Month</u>	<u>EE Paid Per Month</u>
Single:	\$7.98	\$7.98	\$0.00
EE & Spouse:	\$15.10	\$8.10	\$7.00
EE & Child	\$16.11	\$8.11	\$8.00
Family	\$25.23	\$12.23	\$13.00