

## Catholic Health Initiatives Medical Plan 2017 Employee Benefits Contributions

This rate sheet contains an overview of the 2017 employee benefits cost per pay period (based on 26 pay periods per year). Cost information is also available to employees from work or home on HR/Payroll Connection accessible through Inside CHI at <http://home.catholichealth.net>. Note: Highly compensated employees who earn more than \$180,000 in annual base pay will contribute more than staff employees to participate in the CHI Medical Plan.

<b>Select MBO:</b>	CHI Health
<b>Select Rate Type:</b>	Standard Rates

Full-time Employees Medical Plan	Employee Only		Employee + Spouse		Employee + Child(ren)		Family	
	You pay	CHI pays	You pay	CHI pays	You pay	CHI pays	You pay	CHI pays
CHI Integrated Core Plan	\$76.08	\$216.54	\$175.57	\$409.66	\$158.12	\$368.95	\$263.49	\$614.82
CHI Integrated Basic Plan	\$41.05	\$230.79	\$109.38	\$434.31	\$98.49	\$390.74	\$164.12	\$651.42
CHI Integrated High Deductible Plan	\$26.03	\$234.28	\$72.95	\$448.13	\$65.65	\$403.27	\$109.39	\$671.99

Part-time Employees Medical Plan	Employee Only		Employee + Spouse		Employee + Child(ren)		Family	
	You pay	CHI pays	You pay	CHI pays	You pay	CHI pays	You pay	CHI pays
CHI Integrated Core Plan	\$98.90	\$193.71	\$228.24	\$356.99	\$205.56	\$321.52	\$342.54	\$535.77
CHI Integrated Basic Plan	\$57.10	\$214.75	\$147.29	\$396.40	\$132.83	\$356.40	\$221.22	\$594.32
CHI Integrated High Deductible Plan	\$33.84	\$226.47	\$94.84	\$426.24	\$85.34	\$383.58	\$142.21	\$639.17



To print this information, click the Office button in the top left of the screen and select "Print"

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<b>Select MBO:</b>	CHI Health
<b>Select Rate Type:</b>	Highly Compensated Employee Rates

Full-time Employees	Employee Only		Employee + Spouse		Employee + Child(ren)		Family	
	You pay	CHI pays	You pay	CHI pays	You pay	CHI pays	You pay	CHI pays
CHI Integrated Core Plan	\$102.71	\$189.91	\$237.02	\$348.21	\$213.47	\$313.61	\$355.71	\$522.59
CHI Integrated Basic Plan	\$59.29	\$212.55	\$152.95	\$390.74	\$137.94	\$351.30	\$229.73	\$585.81
CHI Integrated High Deductible Plan	\$35.14	\$225.17	\$98.48	\$422.59	\$88.63	\$380.30	\$147.68	\$633.70

Part-time Employees	Employee Only		Employee + Spouse		Employee + Child(ren)		Family	
	You pay	CHI pays	You pay	CHI pays	You pay	CHI pays	You pay	CHI pays
CHI Integrated Core Plan	\$128.39	\$164.23	\$296.27	\$288.96	\$266.83	\$260.24	\$444.64	\$433.66
CHI Integrated Basic Plan	\$74.11	\$197.73	\$191.19	\$352.50	\$172.42	\$316.81	\$287.16	\$528.38
CHI Integrated High Deductible Plan	\$43.93	\$216.38	\$123.10	\$397.97	\$110.78	\$358.14	\$184.60	\$596.78



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## Catholic Health Initiatives Dental and Vision Plans 2017 Employee Benefits Contributions

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Select MBO:

CHI Health

All Subscribers	Employee Only		Employee + Spouse		Employee + Child(ren)		Family	
	You pay	CHI pays	You pay	CHI pays	You pay	CHI pays	You pay	CHI pays
<b>Vision Plan</b>								
Eyemed Vision Plan	\$3.04	\$0.00	\$5.58	\$0.00	\$5.68	\$0.00	\$8.41	\$0.00

Full-time Employees	Employee Only		Employee + Spouse		Employee + Child(ren)		Family	
	You pay	CHI pays	You pay	CHI pays	You pay	CHI pays	You pay	CHI pays
<b>Dental Plan</b>								
CHI PPO Dental Plan	\$7.18	\$10.09	\$12.64	\$18.01	\$14.07	\$19.92	\$21.83	\$31.11
CHI Core Dental Plan	\$5.74	\$7.65	\$10.34	\$13.77	\$11.77	\$15.02	\$18.09	\$23.69

Part-time Employees	Employee Only		Employee + Spouse		Employee + Child(ren)		Family	
	You pay	CHI pays	You pay	CHI pays	You pay	CHI pays	You pay	CHI pays
<b>Dental Plan</b>								
CHI PPO Dental Plan	\$7.90	\$9.37	\$15.17	\$15.48	\$16.89	\$17.10	\$26.20	\$26.74
CHI Core Dental Plan	\$6.31	\$7.08	\$12.41	\$11.70	\$14.13	\$12.66	\$21.72	\$20.07