

**Catholic Health Initiatives Medical Plan
2020 Employee Benefits Contributions**

This rate sheet contains an overview of the 2020 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: Physicians and highly compensated employees who earn more than \$187,500 in annual base pay will contribute more than staff employees to participate in the CHI Medical Plan.

Select MBO: CHI Health

Select Rate Type: 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
Integrated Health Plan	\$55.42	\$263.96	\$162.87	\$475.44	\$146.59	\$428.02	\$244.37	\$713.32
Integrated HDHP	\$27.29	\$264.86	\$76.42	\$507.43	\$68.75	\$456.95	\$114.62	\$761.38
Direct Primary Care	\$22.96	\$290.42	\$72.15	\$554.16	\$64.92	\$499.08	\$108.26	\$831.43

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
Integrated Health Plan	\$110.19	\$209.20	\$254.07	\$384.24	\$228.69	\$345.93	\$381.22	\$576.48
Integrated HDHP	\$35.48	\$256.68	\$99.34	\$484.51	\$89.37	\$436.32	\$149.01	\$726.99
Direct Primary Care	\$60.18	\$253.21	\$155.13	\$471.18	\$139.89	\$424.11	\$233.10	\$706.59



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

Catholic Health Initiatives Dental and Vision Plans 2020 Employee Benefits Contributions

This rate sheet contains an overview of the 2020 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>.

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
Vision Plan								
Eyemed Vision Plan	\$3.74	\$0.00	\$6.86	\$0.00	\$6.99	\$0.00	\$10.34	\$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
Dental Plan								
CHI PPO Dental Plan	\$11.01	\$7.34	\$19.53	\$13.02	\$21.66	\$14.44	\$33.73	\$22.49
CHI Core Dental Plan	\$7.73	\$5.15	\$13.91	\$9.27	\$15.46	\$10.31	\$24.11	\$16.07

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
Dental Plan								
CHI PPO Dental Plan	\$11.01	\$7.34	\$19.53	\$13.02	\$21.66	\$14.44	\$33.73	\$22.49
CHI Core Dental Plan	\$7.73	\$5.15	\$13.91	\$9.27	\$15.46	\$10.31	\$24.11	\$16.07



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