## 2022 Health Premiums

## Medical Plans

- Full-Time Employees hired before January 1, 2016: The Diocese/Parish shall pay $100 \%$ of the annual medical rate (premium) PLUS the annual deductible for the Standard Plan, any tier (ie. Single, Employee plus one, Family).
- Full-Time Employees hired after December 31, 2015: The Diocese/Parish shall pay for the Standard Plan:
- $100 \%$ of the Single annual medical rate (premium) PLUS the Single annual deductible (Single Premium \$835/month, Single Deductible \$1,400).
- $75 \%$ of the Employee $+1 /$ Family Plan annual medical rate (premium) PLUS the annual deductible
- i.e. - Family Premium $\$ 2,338$ minus Single Premium $\$ \mathbf{8 3 5}=\$ 1,503$. $75 \%$ x $\$ 1,503=\mathbf{\$ 1 , 1 2 7 . 2 5}$. Family Deductible $\$ 2,800$ minus Single Deductible $\mathbf{\$ 1 , 4 0 0}=\$ 1,400.75 \% \times \$ 1,400=\$ 1,050$.
- The Diocese/Parish would pay $\$ 1,962.25(\$ 1,127.25+\$ 835)$ in premiums and $\$ 2,450(\$ 1,400+\$ 1,050)$ deductible.
- Part-Time Employees: Diocese/Parish would pay as above except at a percentage equal to the percentage of time in Letter of Agreement (Clergy) or time scheduled (Lay).
- Alternate Plans: An employee who chooses an Alternate Plan shall be responsible for any additional costs.
- Employees 65 or older: Please contact Cathy Hobart at (315) 474-6596 x131 or chobart@cnyepiscopal.org for information on Anthem BlueCard MSP PPO 100plan.

| Medical Plan / Monthly Rates | Single | Employee + 1 | Family |
| :--- | :---: | :---: | :---: |
| Anthem BCBS CDHP-15/HSA <br> (Standard Plan) Premium <br> (monthly)** <br> Deductible (annual) | $\$ 835.00$ | $\$ 1,503.00$ | $\$ 2,338.00$ |
| Anthem BCBS CDHP-20/HSA <br> (Alternate Plan) Premium <br> (monthly) | $\$ 738.00$ | $\$ 1,328.00$ | $\$ 2,066.00$ |
| Deductible (annual) | $\$ 1,400.00$ | $\$ 2,800.00$ | $\$ 2,800.00$ |
| Anthem BCBS BlueCard PPO <br> 100 (Alternate Plan) Premium <br> (monthly) | $\$ 1,093.00$ | $\$ 1,967.00$ | $\$ 3,060.00$ |
| Anthem BCBS BlueCard MSP <br> PPO 100 (ages 65+ with prior <br> authorization) | $\$ 874.00$ | $\$ 1,573.00$ | $\$ 2,447.00$ |

