

DIOCESE OF COLUMBUS

<b>BENEFIT RATES EFFECTIVE - January 1, 2021 through December 31, 2021</b>
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**Eligibility:** All regular employees who are **expected** to work 30 or more hours per week are eligible for group benefits, i.e., health, dental, vision, group life, short term disability, long term disability, FSA and DCA available through the Diocesan group plan. Part-time, temporary or seasonal employees are not eligible for group benefits. All employees must be a paid employee receiving a W-2 form annually. **The effective date of coverage for new hires is the first day of the month following his or her hire date.**

An eligible employee who chooses single + one or family coverage, which includes his/her spouse, and their spouse has access to group health coverage or spouse is receiving any cash/credit from employer to purchase health coverage elsewhere, the employee must pay the additional spousal premium listed below to receive coverage for the spouse.

Aetna, P. O. Box 981106, El Paso, TX 79998-1106, (800) 238-6716, [www.aetna.com](http://www.aetna.com)

<b>Health Enhanced Plan (Self - Funded Plan)</b>	Monthly Premium	<b>Employee Share</b>	Employer Share
Single	\$ 963.00	<b>\$ 193.00</b>	\$ 770.00
Single + One	2,078.00	<b>416.00</b>	1,662.00
Single + One + Spousal Premium Program	2,078.00	<b>1,308.00</b>	770.00
Family	2,378.00	<b>476.00</b>	1,902.00
Family + Spouse Premium Program	2,378.00	<b>1,379.00</b>	999.00
<b>Health Base Plan (Self - Funded Plan)</b>			
Single	\$ 696.00	<b>\$ 104.00</b>	\$ 592.00
Single + One	1,502.00	<b>225.00</b>	1,277.00
Single + One + Spousal Premium Program	1,502.00	<b>910.00</b>	592.00
Family	1,718.00	<b>258.00</b>	1,460.00
Family + Spouse Premium Program	1,718.00	<b>945.00</b>	773.00

Aetna, P. O. Box 14094, Lexington, KY 40512-4094, 1-877-238-6200, [www.aetna.com](http://www.aetna.com)

<b>Dental Enhanced Plan (Self - Funded Plan)</b>	Monthly Premium	<b>Employee Share</b>	Employer Share
Single	\$ 49.00	<b>\$ 18.00</b>	\$ 31.00
Single + One	97.00	<b>35.00</b>	62.00
Family	149.00	<b>54.00</b>	95.00
<b>Dental Base Plan (Self Funded Plan)</b>			
Single	28.00	<b>4.00</b>	24.00
Single + One	54.00	<b>8.00</b>	46.00
Family	95.00	<b>12.00</b>	83.00

Vision Service Plan (VSP), [www.vsp.com](http://www.vsp.com), 1-800-877-7195; for more Information, contact the Insurance Office at (614) 224-1221

<b>Vision Service Plan (VSP) – Enhanced Plan</b>	Monthly Premium	<b>Employee Share</b>	Employer Share
Single	\$ 10.00	<b>\$ 10.00</b>	None
Single + One	20.00	<b>20.00</b>	None
Family	31.00	<b>31.00</b>	None
<b>Vision Service Plan (VSP) – Base Plan</b>			
Single	\$ 6.00	<b>\$ 6.00</b>	None
Single + One	10.00	<b>10.00</b>	None
Family	15.00	<b>15.00</b>	None

The Standard - for more Information, contact the Insurance Office at (614) 224-1221

<b>Life Insurance</b>	Monthly Premium	<b>Employee Share</b>	Employer Share
\$50,000 Term Life	\$ 10.00	<b>\$ -0-</b>	\$ 10.00
Voluntary Life Buy-Up (Optional)	Based on Age Band	<b>Payroll deduction</b>	\$ -0-

Lincoln Financial Group, Cincinnati, Ohio, [www.LFG.com](http://www.LFG.com); for more Information, contact the Insurance Office at (614) 224-1221

<b>STD - Short Term Disability</b>	Monthly Premium	<b>Employee Share</b>	Employer Share
Plan	\$ 19.00	<b>\$ -0-</b>	\$ 19.00

Lincoln Financial Group, Cincinnati, Ohio, [www.LFG.com](http://www.LFG.com); for more Information, contact the Insurance Office at (614) 224-1221

<b>LTD - Long Term Disability</b>	Monthly Premium	<b>Employee Share</b>	Employer Share
Plan 1 (Base)	\$ 5.00	<b>\$ -0-</b>	\$ 5.00
Plan 2 (Optional Buy-Up)	21.00	<b>21.00</b>	\$ -0-