

MONTHLY COST OF THE HEALTH INSURANCE

Full Time Employee Health Insurance Premiums			
7/1/2018 - 6/30/2019	Employee	Employee +1 Dependent**	Employee +Family**
UnitedHealthcare Standard Plan			
Employee Contributions	\$ 78.60 (15%)	\$ 289.00 (25%)	\$ 390.50 (25%)
Employer Contributions	\$445.40 (85%)	\$ 867.00 (75%)	\$1,171.50 (75%)
Total Monthly Premium	\$524.00	\$1,156.00	\$1,562.00
United Healthcare Premier Plan			
Employee Contributions	\$114.90 (15%)	\$ 384.50 (25%)	\$ 485.00 (25%)
Employer Contributions	\$651.10 (85%)	\$1,153.50 (75%)	\$1,455.00 (75%)
Total Monthly Premium	\$766.00	\$1,538.00	\$1,940.00
One dependent may be either a spouse or a dependent child.			

****Please review the Spousal Surcharge Policy**

Part Time or more and less than Full Time Employee Health Insurance Premiums (1,000 hours or more but less than 1,820 hours annually)			
7/1/2018 - 6/30/2019	Employee	Employee + 1 Dependent**	Employee +Family**
UnitedHealthcare Standard Plan			
Employee Contributions	\$209.60 (40%)	\$ 578.00 (50%)	\$ 781.00 (50%)
Employer Contributions	\$314.40 (60%)	\$ 578.00(50%)	\$ 781.00 (50%)
Total Monthly Premium	\$524.00	\$1,156.00	\$1,562.00
United Healthcare Premier Plan			
Employee Contributions	\$306.40 (40%)	\$ 769.00 (50%)	\$ 970.00 (50%)
Employer Contributions	\$459.60(60%)	\$ 769.00 (50%)	\$ 970.00 (50%)
Total Monthly Premium	\$766.00	\$1,538.00	\$1,940.00
One dependent may be either a spouse or a dependent child.			

****Please review the Spousal Surcharge Policy**

If you are a full-time employee for the Archdiocese, your monthly payroll deductions for medical, prescription, and dental benefits are shown in the full-time employee table. If you are a part-time or more and less than full-time employee, see the part-time employee table. Please note that your payroll deducted contribution is dependent upon employment status (full-time or part-time), the insurance plan (Standard or Premier), and the number of dependents. Please check with your employer to verify your share of the monthly premium.

SPOUSAL SURCHARGE POLICY

The health insurance plan has a spousal surcharge, whereby employees will pay an additional cost to cover a spouse who is eligible for employer-subsidized health insurance coverage through their own employer. The spousal surcharge of \$125 per month is in addition to the usual employee contribution cost for the health insurance. There are a number of exemptions to the spousal surcharge. To assist in understanding the spousal surcharge policy, please go to the website: <http://archstl.org/spousalsurcharge>.

WAIVER OF HEALTH INSURANCE

Due to health care reform, if you are eligible for benefits, you must either be enrolled in the Archdiocesan Health Insurance Plan or actively waive coverage.

Employees who waive health insurance coverage must sign a waiver of coverage and indicate why they are waiving their right to coverage. Please complete an *Employee Health Insurance Form* to waive coverage. The form is on the HRBenefits website at archstl.org/hrbenefits, “Forms” on the left side of the screen. Complete sections A, D, & E, if you do not want health insurance coverage. Please give the signed form waiving coverage to your employer’s benefits administrator.