

MEDICAL INSURANCE

Participants in the diocesan medical insurance plan will receive enrollments forms for selection of their 2007 plans. These forms will be due to the Medical Trust in November.

In 2007, the minimum medical insurance allowance for a family is \$18,074 and the minimum medical insurance allowance for a single person is \$8,184. If a participant selects a plan that costs more than the allowance, the participant is expected to pay the difference in premium.

Every priest and lay employee working an average of 20 hours per week in the diocese is required to be a participant in the diocesan medical insurance plan, with the following exceptions:

- If a priest or eligible lay employee is covered on a medical policy from previous secular employment, they can elect not to be covered under the diocesan policy. For example, retired military persons.
- If the spouse of the priest or eligible lay employee is employed and the priest or lay employee is covered on their medical insurance plan.

The following plans are being offered for 2007:

High Deductible Health Plan I (HDHP) with funded Health Savings Account (HSA) through Empire Blue Cross

Premium: Single \$8,148; Family \$18,288 (includes HSA of \$1,500 single & \$3,000 family)

High Deductible Health Plan II (HDHP) with funded Health Savings Account (HSA) through Empire Blue Cross or CIGNA

Premium: Single \$8,184; Family \$18,074 (includes HSA of \$2,700 single & \$5,450 family)

Exclusive Provider Organization (EPO 80) through Blue Cross – Blue Shield or First Health

Premium: Single \$8,352; Family \$19,212

Exclusive Provider Organization (EPO 90) through Blue Cross – Blue Shield or First Health

Premium: Single \$8,952; Family \$20,592

Exclusive Provider Organization (Choice EPO) through United Health Care

Premium: Single \$8,748; Family \$20,112

Preferred Provider Organization (80/60) through Blue Cross – Blue Shield or First Health

Premium: Single \$8,484; Family \$19,500

Preferred Provider Organization (90/70) through Blue Cross – Blue Shield or First Health

Premium: Single \$8,928; Family \$20,532

Preferred Provider Organization (Choice Plus PPO) through United Health Care

Premium: Single \$8,964; Family \$20,616

Medical Trust Dental \$25 / \$75

Premium: Single \$660; Family \$1,584

Medical Trust Dental \$50 / \$150

Premium: Single \$516; Family \$1,248

Medical Trust Basic Dental

Premium: Single \$156; Family \$360

You will notice that the HDHP includes the funding of a Health Savings Account equal to the amount of the deductible (HDHP I: \$1,500/\$3,000; HDHP II: \$2,700/\$5,450).