

Catholic Employee Benefit Group

Web TPA

Premium Cost Sheet

Effective July 1, 2021

Each employee and family members 18 years of age and older are required to have a wellness and dental exam and submit to the Human Resources Department by the end of each calendar year. An additional surcharge of \$25.00 per month will be added to the payroll deduction for the 12 months of the next calendar year if a member chooses not to submit to a wellness and dental exam.

***CEBG Grandfathered Health Plan 2021-2022 (Only eligible for employees on the plan as of June 30, 2021)**

Grandfathered Health Plan*	Employer Pays	Employee Pays	Dependent Cost	Payroll Deduction	Total Plan Cost
Employee Only	\$922.00	\$108.00	N/A	\$108.00	\$1030.00
Employee and Spouse	\$922.00	\$108.00	\$522.00	\$630.00	\$1552.00
Employee and Child	\$922.00	\$108.00	\$626.00	\$734.00	\$1656.00
Family	\$922.00	\$108.00	\$626.00	\$734.00	\$1656.00

Basic Plus Plan	Employer Pays	Employee Pays	Dependent Cost	Payroll Deduction	Total Plan Cost
Employee Only	\$825.00	\$75.00	N/A	\$75.00	\$900.00
Employee and Spouse	\$825.00	\$75.00	\$900.00	\$975.00	\$1800.00
Employee and Child	\$825.00	\$75.00	\$450.00	\$525.00	\$1350.00
Family	\$825.00	\$75.00	\$1200.00	\$1275.00	\$2100.00

High Deductible Health Plan	Employer Pays	Employee Pays	Dependent Cost	Payroll Deduction	Total Plan Cost
Employee Only	\$750.00	\$50.00	N/A	\$50.00	\$800.00
Employee and Spouse	\$967.00	\$50.00	\$583.00	\$633.00	\$1600.00
Employee and Child	\$967.00	\$50.00	\$183.00	\$233.00	\$1200.00
Family	\$967.00	\$50.00	\$683.00	\$733.00	\$1700.00