

Diocese of Covington

Medical Insurance Premiums

For the 2020-2021 Plan Year

Full Time Employee * Coverage Level	Total Premium	Monthly		Per Pay Period	
		Parish	Employee	Parish	Employee
Single (Employee only)	\$ 710	\$ 710	\$ -	\$ 355	\$ -
Employee and Child(ren)	\$ 1,250	\$ 710	\$ 540	\$ 355	\$ 270
Employee and Spouse	\$ 1,460	\$ 710	\$ 750	\$ 355	\$ 375
Family	\$ 2,170	\$ 710	\$ 1,460	\$ 355	\$ 730

* - Full time employee is defined as an employee working 30 hours or more per week

Part Time Employee ** Coverage Level	Total Premium	Monthly		Per Pay Period	
		Parish	Employee	Parish	Employee
Single (Employee only)	\$ 710	\$ 355	\$ 355	\$ 178	\$ 178
Employee and Child(ren)	\$ 1,250	\$ 355	\$ 895	\$ 178	\$ 448
Employee and Spouse	\$ 1,460	\$ 355	\$ 1,105	\$ 178	\$ 553
Family	\$ 2,170	\$ 355	\$ 1,815	\$ 178	\$ 908

** - Part time employee is defined as an employee working 15 or more hours per week but less than 30 hours per week.