

Diocese of Covington
 Medical Insurance Premiums
 For the 2023-2024 Plan Year

Full Time Employee * Coverage Level	Total Premium	Monthly		Per Pay Period	
		Parish	Employee	Parish	Employee
Single (Employee only)	\$ 920	\$ 920	\$ -	\$ 460	\$ -
Employee and Child(ren)	\$ 1,620	\$ 920	\$ 700	\$ 460	\$ 350
Employee and Spouse	\$ 1,890	\$ 920	\$ 970	\$ 460	\$ 485
Family	\$ 2,810	\$ 920	\$ 1,890	\$ 460	\$ 945

* - 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)	\$ 920	\$ 460	\$ 460	\$ 230	\$ 230
Employee and Child(ren)	n/a				
Employee and Spouse	n/a				
Family	n/a				

** - Part time employee is defined as an employee working 15 or more hours per week but less than 30 hours per week; and are only eligible for 'Single' coverage.