

Diocese of Covington

Medical Insurance Premiums

For the 2024-2025 Plan Year

Full Time Employee * Coverage Level	Total Premium	Monthly		Per Pay Period	
		Parish	Employee	Parish	Employee
Single (Employee only)	\$ 830	\$ 830	\$ -	\$ 415	\$ -
Employee and Child(ren)	\$ 1,430	\$ 830	\$ 600	\$ 415	\$ 300
Employee and Spouse	\$ 1,650	\$ 830	\$ 820	\$ 415	\$ 410
Family	\$ 2,450	\$ 830	\$ 1,620	\$ 415	\$ 810

* - 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)	\$ 830	\$ 415	\$ 415	\$ 208	\$ 208
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.
