

Diocese of Covington

Medical Insurance Premiums

For the 2026-2027 Plan Year

Full Time Employee * Coverage Level	Total Premium	Monthly		Per Pay Period	
		Parish	Employee	Parish	Employee
Single (Employee only)	\$ 940	\$ 940	\$ -	\$ 470	\$ -
Employee and Child(ren)	\$ 1,615	\$ 940	\$ 675	\$ 470	\$ 338
Employee and Spouse	\$ 1,865	\$ 940	\$ 925	\$ 470	\$ 463
Family	\$ 2,770	\$ 940	\$ 1,830	\$ 470	\$ 915

* - 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)	\$ 940	\$ 470	\$ 470	\$ 235	\$ 235
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.

The below rates will apply to employees who **A.)** Do not receive pay during the summer and **B.)** Pay for a portion of their medical insurance premiums

MED 18 Coverage Level	Total Premium	Monthly (Sept-May)		Per Pay Period	
		Parish	Employee	Parish	Employee
Single (Employee only)	\$ 1,253	\$ 1,253	\$ -	\$ 627	\$ -
Employee and Child(ren)	\$ 2,153	\$ 1,253	\$ 900	\$ 627	\$ 450
Employee and Spouse	\$ 2,487	\$ 1,253	\$ 1,233	\$ 627	\$ 617
Family	\$ 3,693	\$ 1,253	\$ 2,440	\$ 627	\$ 1,220

MED 18 PT

MED 18 Coverage Level	Total Premium	Monthly (Sept-May)		Per Pay Period	
		Parish	Employee	Parish	Employee
Single (Employee only)	\$ 1,253	\$ 627	\$ 627	\$ 313	\$ 313
Employee and Child(ren)	n/a				
Employee and Spouse	n/a				
Family	n/a				