

DIOCESE OF CHARLOTTE
SCHEDULE OF INSURANCE RATES*
Effective July 1, 2020

Health and Rx Plans	Monthly Premiums - Employee Paid				
	Employee Only	EE + Spouse	EE + Child	EE +Children	Family
PPO 90 Plan	\$229.00	\$594.00	\$373.00	\$507.00	\$665.00
PPO 75 Plan	\$110.00	\$333.00	\$197.00	\$281.00	\$360.00
High Deductible Health Plan	\$47.00	\$204.00	\$109.00	\$168.00	\$207.00
	Monthly Premiums - Employer Paid				
PPO 90 Plan	\$765.00	\$1,462.00	\$1,040.00	\$1,292.00	\$1,768.00
PPO 75 Plan	\$765.00	\$1,462.00	\$1,040.00	\$1,292.00	\$1,768.00
High Deductible Health Plan	\$765.00	\$1,462.00	\$1,040.00	\$1,292.00	\$1,768.00

Dental and Vision	Monthly Premiums - Employee Paid				
	Employee Only	EE + Spouse	EE + Child	EE +Children	Family
Dental	\$38.83	\$77.70	\$99.95	\$99.95	\$150.69
Vision	\$7.39	\$14.03	\$14.77	\$14.77	\$21.72

Basic Employee Life Insurance** Employer Paid	Employer's Monthly Cost
\$10,000 coverage Paid by employer	\$2.56

Basic Dependent Life Insurance** Employee Paid	Employee's Monthly Cost
Covers all eligible dependents: \$5,000 spouse, \$1,000 children Paid by employee	\$4.06

Supplemental Life Insurance** Employee/Spouse - Employee Paid	Age Bracket	Employee	Spouse
		Per \$10,000	Per \$5,000
Conditions: a) Paid by employee b) Employee - Increments of \$10,000, maximum amount \$300,000 c) Spouse - Increments of \$5,000, maximum 50% of employee amount d) May be subject to medical underwriting e) Rate changes when enrollee reaches next age bracket	29 and under	\$1.00	\$0.35
	30-34	\$1.10	\$0.45
	35-39	\$1.20	\$0.65
	40-44	\$1.70	\$0.95
	45-49	\$2.70	\$1.55
	50-54	\$4.10	\$2.50
	55-59	\$6.50	\$3.95
	60-64	\$9.50	\$5.25
	65-69	\$13.90	\$8.40
70-74	\$22.80	\$14.70	
75 and over	\$38.90	\$26.65	

*Rates are subject to change each year at renewal date

**Life insurance amounts are reduced at age 65 and at age 70