Archdiocese of New Orleans

Benefit Cost Breakdown for Full-time Staff / 2022-2023

**Staff premiums may vary depending upon location/organization

			MEDICAL	INSURANCI	E PREMIUN	1S				
		PLAN 1	HMO-90				PLAN 2	HMO-80		
				Semi-					Semi-	1
	Total	ArchNOLA	Staff	monthly		Total	ArchNOLA	Staff	monthly	
EE	\$753.93	\$693.93	\$60.00	\$30.00		\$679.21	\$693.93	\$30.00	\$15.00	
E+S	\$ 1,507.84	\$693.93	\$813.92	\$406.96		\$1,358.42	\$693.93	\$664.49		_
E+D	\$1,394.77	\$693.93	\$700.84	\$350.42		\$1,256.56	\$693.93	\$562.63		_
E+F	\$2,148.65	\$693.93	\$1,454.72	\$727.36		\$1,935.73	\$693.93	\$1,241.80	\$620.90	o]
		PLAN 3	POS				PLAN 4	PPO		
		FLANS	F 03	Semi-			FLAN 4		Semi-	1
	Total	ArchNOLA	Staff	monthly		Total	ArchNOLA	Staff	monthly	
EE	\$855.87	\$693.93	\$161.94	\$80.97		\$890.28	\$693.93	\$196.35	\$98.18	
E+S	\$1,711.71	\$693.93	\$1,017.78	\$508.89		\$1,780.50	\$693.93	\$1086.57	\$543.29	
E+D	\$1,583.30	\$693.93	\$889.37	\$444.69		\$1,646.97	\$693.93	\$953.04	\$476.52	
E+F	\$2,439.18	\$693.93	\$1,745.25	\$872.63		\$2,537.22	\$693.93	\$1843.29	\$921.65	
			DENTAL	INSURANC	FPRFMILI	MS.				← Sta
			DEI(I)(E	1130111110	ET KEIVIO	*.0				full pr
	BASIC		SEMI-MOI	NTHLY		PREFERRE	D	SEMI-MO	LL NTHLY	T .
EE	\$14.10		\$7.05			\$28.09	1	\$14.05		1
E+1	\$27.79		\$13.90			\$54.41		\$27.21		1
E+2+	\$51.93		\$25.97			\$95.20		\$47.60		-
			VISION	INSURANC	FPRFMILIN	AS.	/ c: ss			
			VISIOIV	INSONAIVE	LIKEWIO	*15	← Staff p	-		-
	MONTHLY		SEMI-MO	NTHLY			iun prem	iuiii		
EE	\$7.81		\$3.91							
E+S	\$15.60		\$7.80					2022-202	່ 3 Vision/De	ntal
E+D	\$17.16		\$8.58					with Guar		
E+F	\$25.03		\$12.52					Insurance		
	,						✓		3 Health Pl	an
✓ Sta	ff member p	ays full pre	emium for	Critical Illne	ess and Acc	ident		with UMF Healthcar		
Ins	urance							efits chang		

