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| --- | --- | --- | --- | --- | --- | --- | --- |
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| ***CATHOLIC SOCIAL SERVICES******2022-2023 plan year*** |  |  |  |
| **medical**  | **monthly**  |  | **semi monthly** |  |  |  |  |
| single  | $49.50 |  | $24.75 |  |  |  |  |
| Emp/spouse | $889.88 |  | $444.94 |  |  |  |  |
| emp/child | $605.90 |  | $302.95 |  |  |  |  |
| family | $964.75 |  | $482.38 |  |  |  |  |
| parent/children | $679.71 |  | $339.86 |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **dental**  | **montly** |  | **semi monthly** |  |  |  |  |
| single  | $37.19 |  | $18.60 |  |  |  |  |
| Emp/spouse | $68.16 |  | $34.08 |  |  |  |  |
| emp/child | $60.89 |  | $30.45 |  |  |  |  |
| family | $94.84 |  | $47.42 |  |  |  |  |
| parent/children | $60.89 |  | $30.45 |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Vision (VBA )** | **monthly** |  | **semi monthly** |  |  |  |  |
| single  | $9.70 |  | $4.85 |  |  |  |  |
| 2person  | $16.40 |  | $8.20 |  |  |  |  |
| family | $22.80 |  | $11.40 |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Vision (DAVIS )** | **monthly** |  | **semi monthly** |
| single  | $5.38 |  | $2.69 |
|  Emp/spouse – Emp/child  | $13.98 |  | $6.99 |
| family | $13.98 |  | $6.99 |