



DIOCESE OF  
FORT WAYNE-SOUTH BEND

## Insurance Deductions Per Pay Period

### TRADITIONAL MEDICAL

### PREMIUM

EMPLOYEE	\$39.25
EMPLOYEE/SPOUSE	\$288.75
EMPLOYEE/CHILDREN	\$174.16
EMPLOYEE/FAMILY	\$394.84

### DENTAL

EMPLOYEE	\$17.09
EMPLOYEE/SPOUSE	\$33.19
EMPLOYEE/CHILDREN	\$39.19
EMPLOYEE/FAMILY	\$66.79

### VISION

EMPLOYEE	\$4.27
EMPLOYEE/SPOUSE	\$7.02
EMPLOYEE/CHILDREN	\$7.74
EMPLOYEE/FAMILY	\$12.54

### HIGH DEDUCTIBLE HEALTH PLAN WITH HEALTH SAVINGS ACCOUNT

EMPLOYEE	\$23.02
EMPLOYEE/FAMILY	\$253.04

The Diocese contributes per year \$1400 for single, \$2400 for family coverage  
High Deductible Health Plan only

\* ALL DEDUCTIONS ARE PER PAY PERIOD - 24 PAYS PER YEAR

\* EFFECTIVE AUGUST 01, 2023