

# 2024 Plan Costs

## MEDICAL PLAN COSTS (HARVARD PILGRIM HEALTH CARE)

|                             | MONTHLY EMPLOYEE CONTRIBUTIONS | MONTHLY HOLY CROSS CONTRIBUTIONS | TOTAL MONTHLY PREMIUM |
|-----------------------------|--------------------------------|----------------------------------|-----------------------|
| <b>Focus HDHP HMO (MA)</b>  |                                |                                  |                       |
| Employee                    | \$35.33                        | \$607.04                         | \$642.37              |
| Employee+Spouse             | \$74.19                        | \$1,274.80                       | \$1,349.00            |
| Employee+Child(ren)         | \$63.60                        | \$1,092.69                       | \$1,156.28            |
| Family                      | \$107.05                       | \$1,839.35                       | \$1,946.40            |
| <b>HDHP PPO (National)</b>  |                                |                                  |                       |
| Employee                    | \$143.29                       | \$610.86                         | \$754.15              |
| Employee+Spouse             | \$300.90                       | \$1,282.80                       | \$1,583.71            |
| Employee+Child(ren)         | \$257.92                       | \$1,099.55                       | \$1,357.46            |
| Family                      | \$434.16                       | \$1,850.88                       | \$2,285.04            |
| <b>Focus HMO (MA)</b>       |                                |                                  |                       |
| Employee                    | \$126.89                       | \$691.75                         | \$818.63              |
| Employee+Spouse             | \$266.46                       | \$1,452.66                       | \$1,719.12            |
| Employee+Child(ren)         | \$228.40                       | \$1,245.14                       | \$1,473.54            |
| Family                      | \$384.47                       | \$2,095.97                       | \$2,480.44            |
| <b>HMO (MA/RI/VT/NH/ME)</b> |                                |                                  |                       |
| Employee                    | \$276.08                       | \$692.62                         | \$968.70              |
| Employee+Spouse             | \$579.77                       | \$1,454.52                       | \$2,034.29            |
| Employee+Child(ren)         | \$496.94                       | \$1,246.71                       | \$1,743.64            |
| Family                      | \$836.52                       | \$2,098.64                       | \$2,935.16            |

## DENTAL PLAN COSTS (DELTA DENTAL OF MA)

|                     | MONTHLY EMPLOYEE CONTRIBUTIONS | MONTHLY HOLY CROSS CONTRIBUTIONS | TOTAL MONTHLY PREMIUM |
|---------------------|--------------------------------|----------------------------------|-----------------------|
| Employee            | \$16.00                        | \$26.00                          | \$42.00               |
| Employee+Spouse     | \$45.00                        | \$82.00                          | \$127.00              |
| Employee+Child(ren) | \$41.00                        | \$82.00                          | \$123.00              |
| Family              | \$53.00                        | \$82.00                          | \$135.00              |

## VISION PLAN COSTS (EYEMED)

|                     | MONTHLY EMPLOYEE CONTRIBUTIONS<br>(NO HOLY CROSS CONTRIBUTIONS) |                       |
|---------------------|---|-----------------------|
|                     | Plan A–Eyewear Only   | Plan B–Exam + Eyewear |
| Employee            | \$4.84  | \$6.86                |
| Employee+Spouse     | \$9.21  | \$13.04               |
| Employee+Child(ren) | \$9.69  | \$13.73               |
| Family              | \$14.25   | \$20.18               |