

St. Anthony's Community Hospital NYSNA - Benefit Levels 1-3

Your Plan Year Health Plan Costs Per Pay Period (Bi-Weekly)

MEDICAL PLAN - AETNA		
	Full-time Employee Costs	
Level of Coverage	With Premium Discount	Without Premium Discount
Single	\$39.23	\$50.77
Employee + I	\$55.38	\$78.46
Family (3 covered)	\$71.54	\$106.15
Family (4+ covered)	\$87.69	\$133.85
	Part-time Employee Costs	
Level of Coverage	With Premium Discount	Without Premium Discount
Single	\$86.37	\$97.91
Employee + I	\$172.75	\$195.82
Family (3 covered)	\$210.17	\$244.78
Family (4+ covered)	\$247.58	\$293.74

DENTAL PLAN - METLIFE		
	Full-time Employee Costs	Part-time Employee Costs
Single	\$8.93	\$14.28
Employee + I	\$17.87	\$28.60
Family	\$26.79	\$42.86

VISION PLAN - METLIFE		
	Full-time Employee Costs	Part-time Employee Costs
Single	\$1.98	\$1.98
Employee + I	\$3.97	\$3.97
Family	\$5.96	\$5.96

Your premium will increase if you are enrolling your spouse or legally domiciled adult as below:

- **Spouse/Legally Domiciled Adult Medical Plan Premium:** When you add a spouse or legally domiciled adult to the Medical Plan, you will be charged an additional \$23.07 per pay period (bi-weekly). This is in addition to your premium listed above.



BON SECOURS CHARITY HEALTH SYSTEM
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