

St. Anthony's Community Hospital NYSNA - Benefit Level 5

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	\$62.31	\$73.85
Employee +1	\$96.92	\$120.00
Family (3 covered)	\$131.54	\$166.15
Family (4+ covered)	\$166.15	\$212.31
	Part-time Employee Costs	
Level of Coverage	With Premium Discount	Without Premium Discount
Single	\$97.25	\$108.79
Employee +1	\$194.51	\$217.58
Family (3 covered)	\$237.36	\$271.98
Family (4+ covered)	\$280.22	\$326.37

DENTAL PLAN - METLIFE		
	Full-time Employee Costs	Part-time Employee Costs
Single	\$8.93	\$14.28
Employee +1	\$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 +1	\$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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