

2022 Plan Costs

MEDICAL PLAN COSTS (HARVARD PILGRIM HEALTH CARE)

| | MONTHLY EMPLOYEE CONTRIBUTIONS | MONTHLY HOLY CROSS CONTRIBUTIONS | TOTAL MONTHLY PREMIUM |
|-----------------------------|--------------------------------|----------------------------------|-----------------------|
| HMO (MA/CT/RI/NH/ME) | | | |
| Employee | \$232.18 | \$626.48 | \$858.66 |
| Employee+Spouse | \$487.60 | \$1,315.61 | \$1,803.21 |
| Employee+Child(ren) | \$417.91 | \$1,127.67 | \$1,545.58 |
| Family | \$703.51 | \$1,898.23 | \$2,601.74 |
| Focus HMO (MA) | | | |
| Employee | \$100.54 | \$625.10 | \$725.64 |
| Employee+Spouse | \$211.12 | \$1,312.72 | \$1,523.84 |
| Employee+Child(ren) | \$180.96 | \$1,125.19 | \$1,306.15 |
| Family | \$304.63 | \$1,894.05 | \$2,198.68 |
| HDHP PPO (National) | | | |
| Employee | \$120.59 | \$547.89 | \$668.48 |
| Employee+Spouse | \$253.23 | \$1,150.58 | \$1,403.81 |
| Employee+Child(ren) | \$217.06 | \$986.21 | \$1,203.27 |
| Family | \$365.36 | \$1,660.12 | \$2,025.48 |
| Focus HDHP HMO (MA) | | | |
| Employee | \$22.55 | \$546.86 | \$569.41 |
| Employee+Spouse | \$47.34 | \$1,148.42 | \$1,195.76 |
| Employee+Child(ren) | \$40.58 | \$984.36 | \$1,024.94 |
| Family | \$68.29 | \$1,657.01 | \$1,725.30 |

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 (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 |