



Archdiocese of Miami Health Plan Benefit Cost Worksheet 2026-2027

This worksheet is provided as a tool to help you estimate the monthly cost of your benefit elections. Actual costs will be calculated at enrollment and your payroll deductions will be based on your payroll schedule.

Medical	Gold Plan	Silver Plan	Bronze Plan
<i>Employer Contribution for Single and Employee + Child</i>	\$780	\$780	\$780
<i>Employee + One and Employee + Family</i>	\$852	\$852	\$852
<u>Employee Contributions:</u>			
Employee Only	\$232	\$155	\$75
Employee + One	\$840	\$638	\$446
Employee + Child(ren)	\$691	\$521	\$355
Employee + Family	\$1,181	\$897	\$627
Overage Dependent (26-30)	\$1,012	\$1,109	\$855

Enrollment Selections Eligible employees may select coverage for themselves and eligible dependents, including the following categories: Employee, Employee Plus One, Employee Plus Child(ren), Employee Plus Family, and Overage Dependents. An Employee Plus One enrollment covers the employee and one designated eligible family member. The definition of eligible family member includes either a lawful spouse OR a child up to age 26.

❖ If Spouse has coverage available elsewhere, there will be a monthly surcharge of \$165.

Dental (Voluntary)	Blue Dental Choice PPO	Blue Dental Care Prepaid HMO
Employee Only	\$53	\$14
Employee + Spouse	\$111	\$28
Employee + Child(ren)	\$100	\$23
Employee + Family	\$141	\$40

Vision (Voluntary)	High Option	Low Option
Employee Only	\$5.89	\$4.52
Employee + Spouse	\$11.78	\$9.04
Employee + Child(ren)	\$12.61	\$9.68
Employee + Family	\$20.15	\$15.46



**Archdiocese of Miami Health Plan
Benefit Cost Worksheet
2026-2027**

Supplemental Life (Voluntary)

EMPLOYEE

1. What is your Supplemental Life insurance amount? *The amount must be in increments of \$10,000; maximum is \$300,000* _____
2. Divide your Supplemental Life insurance amount in step 1 by 10,000. _____
3. What is your rate? *Rates are based on age. See chart.* _____
4. Multiply the amount in step 2 by the rate in step 3. **This is the monthly cost.** \$ _____

Employee & Spouse	
Age	Rate
< 30	\$ 0.72
30-34	\$ 0.92
35-39	\$ 1.38
40-44	\$ 2.00
45-49	\$ 3.73
50-54	\$ 5.72
55-59	\$ 8.56
60-64	\$ 12.60
65-69	\$ 18.68
70+	\$ 34.07

SPOUSE

1. What is your Spouse Supplemental Life insurance amount? *The amount must be in increments of \$5,000; maximum is 50% of your amount* _____
2. Divide your Spouse Supplemental Life insurance amount in step 1 by 10,000. _____
3. What is your spouse's rate? *Rates are based on age. See chart.* _____
4. Multiply the amount in step 2 by the rate in step 3. **This is the monthly cost.** \$ _____

CHILDREN

1. Multiply the number of children by \$0.79. **This is the monthly cost.** \$ _____

Short-Term Disability (Voluntary)

1. What is your annual salary? _____
2. Divide your annual salary in step 1 by 52. Enter the result. _____
3. Multiply the amount in step 2 by 0.6667. If the result is greater than 600, enter 600. _____
4. Divide the amount in step 3 by 10. _____
5. What is your rate? *Rates are based on age. See chart.* _____
6. Multiply the amount in step 4 by the rate in step 5. **This is the monthly cost.** \$ _____

Age	Rate
< 30	\$ 0.56
30-34	\$ 0.57
35-39	\$ 0.58
40-44	\$ 0.69
45-49	\$ 0.74
50-54	\$ 0.89
55-59	\$ 1.16
60-64	\$ 1.42
65+	\$ 1.60

Allstate Identity Protection

Employee Contributions:	
Employee Only	\$9.50
Employee + One	\$16.50

GROUP ACCIDENT

This benefit is voluntary; the entire cost is paid by the employee. To enroll, you must elect coverage within 30 days of hire or during Annual Enrollment, unless you experience a Life Event.

LAITY: GROUP ACCIDENT	Accident Advantage Plus High Option, Non-Occupational
Active	
Employee	\$12.98
Employee + Spouse	\$21.28
Employee + Child(ren)	\$25.98
Employee + Family	\$34.28

LAITY: GROUP HOSPITAL INDEMNITY	Hospital Confinement Indemnity
Active	
Employee	\$15.24
Employee + Spouse	\$28.64
Employee + Child(ren)	\$24.45
Employee + Family	\$37.85

GROUP CRITICAL ILLNESS

This benefit is voluntary; the entire cost is paid by the employee. To enroll, you must elect coverage within 30 days of hire or during Annual Enrollment, unless you experience a Life Event.

Employee Monthly Rates (Child rate included)						
Non-Tobacco User						
Attained Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-24	\$2.40	\$4.80	\$7.20	\$9.60	\$12.00	\$14.40
25-29	\$3.10	\$6.20	\$9.30	\$12.40	\$15.50	\$18.60
30-34	\$3.55	\$7.10	\$10.65	\$14.20	\$17.75	\$21.30
35-39	\$4.10	\$8.20	\$12.30	\$16.40	\$20.50	\$24.60
40-44	\$5.80	\$11.60	\$17.40	\$23.20	\$29.00	\$34.80
45-49	\$7.67	\$15.30	\$22.95	\$30.60	\$38.25	\$45.90
50-54	\$9.70	\$19.40	\$29.10	\$38.80	\$48.50	\$58.20
55-59	\$12.55	\$25.10	\$37.65	\$50.20	\$62.75	\$75.30
60-64	\$15.10	\$30.20	\$45.30	\$60.40	\$75.50	\$90.60
64-69	\$18.10	\$36.20	\$54.30	\$72.40	\$90.50	\$108.60
70+	\$20.45	\$40.90	\$61.35	\$81.80	\$102.25	\$122.70
Tobacco User						
Attained Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-24	\$2.80	\$5.60	\$8.40	\$11.20	\$14.00	\$16.80
25-29	\$3.95	\$7.90	\$11.85	\$15.80	\$19.75	\$23.70
30-34	\$5.05	\$10.10	\$15.15	\$20.20	\$25.25	\$30.30
35-39	\$6.05	\$12.10	\$18.15	\$24.20	\$30.25	\$36.30
40-44	\$8.45	\$16.90	\$25.35	\$33.80	\$42.25	\$50.70
45-49	\$9.90	\$19.80	\$29.70	\$39.60	\$49.50	\$59.40
50-54	\$13.35	\$26.70	\$40.05	\$53.40	\$66.75	\$80.10
55-59	\$15.65	\$31.30	\$46.95	\$62.60	\$78.25	\$93.90
60-64	\$21.55	\$43.10	\$64.65	\$86.20	\$107.75	\$129.30
64-69	\$23.55	\$47.10	\$70.65	\$94.20	\$117.75	\$141.30
70+	\$25.10	\$50.20	\$75.30	\$100.40	\$125.50	\$150.60

Spouse Monthly Rates						
Non-Tobacco User						
Attained Age	\$2,500	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000
18-24	\$1.20	\$2.40	\$3.60	\$4.80	\$6.00	\$7.20
25-29	\$1.60	\$3.20	\$4.80	\$6.40	\$8.00	\$9.60
30-34	\$1.98	\$3.95	\$5.93	\$7.90	\$9.88	\$11.85
35-39	\$2.25	\$4.50	\$6.75	\$9.00	\$11.25	\$13.50
40-44	\$2.90	\$5.80	\$8.70	\$11.60	\$14.50	\$17.40
45-49	\$3.83	\$7.65	\$11.48	\$15.30	\$19.13	\$22.95
50-54	\$4.85	\$9.70	\$14.55	\$19.40	\$24.25	\$29.10
55-59	\$6.28	\$12.55	\$18.83	\$25.10	\$31.38	\$37.65
60-64	\$7.55	\$15.10	\$22.65	\$30.20	\$37.75	\$45.30
64-69	\$9.05	\$18.10	\$27.15	\$36.20	\$45.25	\$54.30
70+	\$10.23	\$20.45	\$30.68	\$40.90	\$51.13	\$61.35
Tobacco User						
Attained Age	\$2,500	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000
18-24	\$1.40	\$2.80	\$4.20	\$5.60	\$7.00	\$8.40
25-29	\$1.98	\$3.95	\$5.93	\$7.90	\$9.88	\$11.85
30-34	\$2.58	\$5.15	\$7.73	\$10.30	\$12.88	\$15.45
35-39	\$3.30	\$6.60	\$9.90	\$13.20	\$16.50	\$19.80
40-44	\$4.23	\$8.45	\$12.68	\$16.90	\$21.13	\$25.35
45-49	\$4.95	\$9.90	\$14.85	\$19.80	\$24.75	\$29.70
50-54	\$6.68	\$13.35	\$20.03	\$26.70	\$33.38	\$40.05
55-59	\$7.83	\$15.65	\$23.48	\$31.30	\$39.13	\$46.95
60-64	\$10.78	\$21.55	\$32.33	\$43.10	\$53.88	\$64.65
64-69	\$11.78	\$23.55	\$35.33	\$47.10	\$58.88	\$70.65
70+	\$12.55	\$25.10	\$37.65	\$50.20	\$62.75	\$75.30

GAP Plan

GAP Plan	Gold Plan	Silver Plan	Bronze Plan
<u>Employee Contributions:</u>			
Employee Only	\$50.98	\$65.51	\$24.06
Employee + One	\$91.76	\$117.92	\$43.32
Employee + Child(ren)	\$101.36	\$130.26	\$47.85
Employee + Family	\$142.14	\$182.68	\$67.10