

# DIOCESE OF FORT WAYNE-SOUTH BEND

## INSURANCE DEDUCTIONS

### HEALTH

EMPLOYEE	\$32.71
EMPLOYEE/SPOUSE	\$262.50
EMPLOYEE/CHILDREN	\$158.33
EMPLOYEE/FAMILY	\$376.04

### DENTAL

EMPLOYEE	\$16.12
EMPLOYEE/SPOUSE	\$31.31
EMPLOYEE/CHILDREN	\$36.97
EMPLOYEE/FAMILY	\$63.01

### VISION

EMPLOYEE	\$4.27
EMPLOYEE/SPOUSE	\$7.02
EMPLOYEE/CHILDREN	\$7.74
EMPLOYEE/FAMILY	\$12.54

### HEALTH SAVINGS ACCOUNT

EMPLOYEE	\$23.02
EMPLOYEE/FAMILY	\$253.04

\* ALL DEDUCTIONS ARE PER PAY PERIOD · - 24 PAYS PER YEAR

\* ALL DEDUCTIONS EFFECTIVE JULY 01, 2017