

# Health Chart Rates 2022-2023

## Horizon Omnia

Single	\$699.00
Member/Spouse	\$1,552.60
Parent/Child	\$1,012.87
Family	\$1,724.54

## Horizon EPO

Single	\$769.00
Member/Spouse	\$1,711.95
Parent/Child	\$1,115.86
Family	\$1,889.74

## Horizon Direct Access Design 8

Single	\$1,013.00
Member/Spouse	\$2,260.22
Parent/Child	\$1,473.66
Family	\$2,498.43

## Prescription (Omnia, EPO, DA8)

Single	\$219.00
Member/Spouse	\$496.97
Parent/Child	\$322.11
Family	\$550.78

## DSO Dental

One Party	\$34.86
Two Party	\$68.00
Three or More	\$116.22

## Aetna PPO Dental

Single	\$44.96
Member/Spouse	\$89.98
Parent/Child	\$83.23
Family	\$119.21

SINGLE COVERAGE				
Salary Range	Four Year Phase-In			
	Year 1	Year 2	Year 3	Year 4
Less than 20,000	1.13%	2.25%	3.38%	4.50%
20,000 - 24,999.99	1.38%	2.75%	4.13%	5.50%
25,000 - 29,999.99	1.88%	3.75%	5.63%	7.50%
30,000 - 34,999.99	2.50%	5.00%	7.50%	10.00%
35,000 - 39,999.99	2.75%	5.50%	8.25%	11.00%
40,000 - 44,999.99	3.00%	6.00%	9.00%	12.00%
45,000 - 49,999.99	3.50%	7.00%	10.50%	14.00%
50,000 - 54,999.99	5.00%	10.00%	15.00%	20.00%
55,000 - 59,999.99	5.75%	11.50%	17.25%	23.00%
60,000 - 64,999.99	6.75%	13.50%	20.25%	27.00%
65,000 - 69,999.99	7.25%	14.50%	21.75%	29.00%
70,000 - 74,999.99	8.00%	16.00%	24.00%	32.00%
75,000 - 79,999.99	8.25%	16.50%	24.75%	33.00%
80,000 - 94,999.99	8.50%	17.00%	25.50%	34.00%
95,000 and over	8.75%	17.50%	26.25%	35.00%

\*Member contribution is a minimum of 1.5% of base salary towards Health Benefits

FAMILY COVERAGE				
Salary Range	Four Year Phase-In			
	Year 1	Year 2	Year 3	Year 4
Less than 25,000	0.75%	1.50%	2.25%	3.00%
25,000 - 29,999.99	1.00%	2.00%	3.00%	4.00%
30,000 - 34,999.99	1.25%	2.50%	3.75%	5.00%
35,000 - 39,999.99	1.50%	3.00%	4.50%	6.00%
40,000 - 44,999.99	1.75%	3.50%	5.25%	7.00%
45,000 - 49,999.99	2.25%	4.50%	6.75%	9.00%
50,000 - 54,999.99	3.00%	6.00%	9.00%	12.00%
55,000 - 59,999.99	3.50%	7.00%	10.50%	14.00%
60,000 - 64,999.99	4.25%	8.50%	12.75%	17.00%
65,000 - 69,999.99	4.75%	9.50%	14.25%	19.00%
70,000 - 74,999.99	5.50%	11.00%	16.50%	22.00%
75,000 - 79,999.99	5.75%	11.50%	17.25%	23.00%
80,000 - 84,999.99	6.00%	12.00%	18.00%	24.00%
85,000 - 89,999.99	6.50%	13.00%	19.50%	26.00%
90,000 - 94,999.99	7.00%	14.00%	21.00%	28.00%
95,000 - 99,999.99	7.25%	14.50%	21.75%	29.00%
100,000 - 109,999.99	8.00%	16.00%	24.00%	32.00%
110,000 and over	8.75%	17.50%	26.25%	35.00%

\*Member contribution is a minimum of 1.5% of base salary towards Health Benefits

MEMBER/SPOUSE/PARTNER OR PARENT/CHILD COVERAGE				
Salary Range	Four Year Phase-In			
	Year 1	Year 2	Year 3	Year 4
Less than 25,000	0.88%	1.75%	2.63%	3.50%
25,000 - 29,999.99	1.13%	2.25%	3.38%	4.50%
30,000 - 34,999.99	1.50%	3.00%	4.50%	6.00%
35,000 - 39,999.99	1.75%	3.50%	5.25%	7.00%
40,000 - 44,999.99	2.00%	4.00%	6.00%	8.00%
45,000 - 49,999.99	2.50%	5.00%	7.50%	10.00%
50,000 - 54,999.99	3.75%	7.50%	11.25%	15.00%
55,000 - 59,999.99	4.25%	8.50%	12.75%	17.00%
60,000 - 64,999.99	5.25%	10.50%	15.75%	21.00%
65,000 - 69,999.99	5.75%	11.50%	17.25%	23.00%
70,000 - 74,999.99	6.50%	13.00%	19.50%	26.00%
75,000 - 79,999.99	6.75%	13.50%	20.25%	27.00%
80,000 - 84,999.99	7.00%	14.00%	21.00%	28.00%
85,000 - 99,999.99	7.50%	15.00%	22.50%	30.00%
100,000 and over	8.75%	17.50%	26.25%	35.00%

\*Member contribution is a minimum of 1.5% of base salary towards Health Benefits