

**FY23 Health and Dental Plan Rates January 1, 2023 - June 30, 2023\***

Non-Licensed Staff	Annual Premium	Monthly Premium *	Employer Monthly Share	Employee Share Monthly Premium *	Out-of-Pocket (OOP) Maximum	Employer Share OOP	Employee Share OOP (last dollar)
<b>HEALTH PLANS - Employer pays 80% of Gold CDHP Premium for Platinum, Gold and Gold CDHP only. Employee pays 20% of Gold CDHP Premium. For the Silver CDHP plan the employer pays 80% of the premium and the employee pays 20%.</b>							
<b>HRA - Employer pays first dollar Out-of-Pocket, then Employee contributes (based on Gold CDHP OOP)</b>							
<b>HSA - Available for Silver CDHP Plan only</b>							
<b>Platinum</b>							
Single	\$11,144.16	\$928.68	\$670.60	<b>\$258.08</b>	\$2,800.00	\$2,200.00	<b>\$600.00</b>
Parent/Child(ren)	\$18,634.80	\$1,552.90	\$1,036.19	<b>\$516.71</b>	\$5,600.00	\$4,400.00	<b>\$1,200.00</b>
2-person	\$22,288.56	\$1,857.38	\$1,258.71	<b>\$598.67</b>	\$5,600.00	\$4,400.00	<b>\$1,200.00</b>
Family	\$31,526.88	\$2,627.24	\$1,856.53	<b>\$770.71</b>	\$5,600.00	\$4,400.00	<b>\$1,200.00</b>
<b>Gold</b>							
Single	\$10,890.48	\$907.54	\$670.60	<b>\$236.94</b>	\$3,100.00	\$2,200.00	<b>\$900.00</b>
Parent/Child(ren)	\$18,225.84	\$1,518.82	\$1,036.19	<b>\$482.63</b>	\$6,200.00	\$4,400.00	<b>\$1,800.00</b>
2-person	\$21,780.96	\$1,815.08	\$1,258.71	<b>\$556.37</b>	\$6,200.00	\$4,400.00	<b>\$1,800.00</b>
Family	\$30,828.00	\$2,569.00	\$1,856.53	<b>\$712.47</b>	\$6,200.00	\$4,400.00	<b>\$1,800.00</b>
<b>Gold CDHP</b>							
Single	\$10,053.36	\$837.78	\$670.22	<b>\$167.56</b>	\$2,500.00	\$2,200.00	<b>\$300.00</b>
Parent/Child(ren)	\$15,542.88	\$1,295.24	\$1,036.19	<b>\$259.05</b>	\$5,000.00	\$4,400.00	<b>\$600.00</b>
2-person	\$18,880.68	\$1,573.39	\$1,258.71	<b>\$314.68</b>	\$5,000.00	\$4,400.00	<b>\$600.00</b>
Family	\$27,847.92	\$2,320.66	\$1,856.53	<b>\$464.13</b>	\$5,000.00	\$4,400.00	<b>\$600.00</b>
<b>Silver CDHP</b>							
Single	\$9,306.96	\$775.58	\$620.46	<b>\$155.12</b>	\$4,000.00	\$2,200.00	<b>\$1,800.00</b>
Parent/Child(ren)	\$15,688.92	\$1,307.41	\$1,045.93	<b>\$261.48</b>	\$8,000.00	\$4,400.00	<b>\$3,600.00</b>
2-person	\$18,614.04	\$1,551.17	\$1,240.94	<b>\$310.23</b>	\$8,000.00	\$4,400.00	<b>\$3,600.00</b>
Family	\$26,484.60	\$2,207.05	\$1,765.64	<b>\$441.41</b>	\$8,000.00	\$4,400.00	<b>\$3,600.00</b>

\* Premiums Subject to Change July 1, 2023

Health Premiums based on chart in Master Agreement based on hours worked per week. Health Premiums for non-represented staff based on FTE.

Dental Premiums based on FTE.

Health Insurance buy-out amount is \$2,500.00 and is based on FTE

ALL STAFF	Annual Premium	Monthly Premium	Employer Monthly Share	Employee Monthly Share
<b>DENTAL PLAN - through CBA Blue Benefit is prorated if working less than full time.</b>				
<b>Employer pays 100% of the premium for a Single, Parent/Child(ren) or 2 person plan.</b>				
<b>Employee pays the difference for Family</b>				
Single	\$472.84	\$39.40	\$39.40	<b>\$0.00</b>
Parent/Child(ren)	\$855.62	\$71.30	\$71.30	<b>\$0.00</b>
2 Person	\$950.58	\$79.22	\$79.22	<b>\$0.00</b>
Family	\$1,467.02	\$122.25	\$79.22	<b>\$43.04</b>