

FY23 Health and Dental Plan Rates July 1, 2023 - June 30, 2024*

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)
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%.							
HRA - Employer pays first dollar Out-of-Pocket, then Employee contributes (based on Gold CDHP OOP)							
HSA - Available for Silver CDHP Plan only							
Platinum							
Single	\$12,477.72	\$1,039.81	\$755.54	\$284.27	\$2,800.00	\$2,200.00	\$600.00
Parent/Child(ren)	\$20,864.64	\$1,738.72	\$1,168.10	\$570.62	\$5,600.00	\$4,400.00	\$1,200.00
2-person	\$24,955.68	\$2,079.64	\$1,418.95	\$660.69	\$5,600.00	\$4,400.00	\$1,200.00
Family	\$35,299.44	\$2,941.62	\$2,092.87	\$848.75	\$5,600.00	\$4,400.00	\$1,200.00
Gold							
Single	\$12,192.12	\$1,016.01	\$755.54	\$260.47	\$3,100.00	\$2,200.00	\$900.00
Parent/Child(ren)	\$20,404.20	\$1,700.35	\$1,168.10	\$532.25	\$6,200.00	\$4,400.00	\$1,800.00
2-person	\$24,384.24	\$2,032.02	\$1,418.95	\$613.07	\$6,200.00	\$4,400.00	\$1,800.00
Family	\$34,512.60	\$2,876.05	\$2,092.87	\$783.18	\$6,200.00	\$4,400.00	\$1,800.00
Gold CDHP							
Single	\$11,333.16	\$944.43	\$755.54	\$188.89	\$2,500.00	\$2,200.00	\$300.00
Parent/Child(ren)	\$17,521.56	\$1,460.13	\$1,168.10	\$292.03	\$5,000.00	\$4,400.00	\$600.00
2-person	\$21,284.28	\$1,773.69	\$1,418.95	\$354.74	\$5,000.00	\$4,400.00	\$600.00
Family	\$31,393.08	\$2,616.09	\$2,092.87	\$523.22	\$5,000.00	\$4,400.00	\$600.00
Silver CDHP							
Single	\$10,428.12	\$869.01	\$695.21	\$173.80	\$4,000.00	\$2,200.00	\$1,800.00
Parent/Child(ren)	\$17,579.16	\$1,464.93	\$1,171.94	\$292.99	\$8,000.00	\$4,400.00	\$3,600.00
2-person	\$20,856.60	\$1,738.05	\$1,390.44	\$347.61	\$8,000.00	\$4,400.00	\$3,600.00
Family	\$29,675.40	\$2,472.95	\$1,978.36	\$494.59	\$8,000.00	\$4,400.00	\$3,600.00

* Premiums Subject to Change July 1, 2024

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