

Enter the District/Employer premium contribution percentage below (in cell A2) for actual costs:

16%	Employee costs are in Italics									
Non-Licensed Employee* Full Time - Single Policy - Premium Split Determined Locally (See cell A2 to change to your local amount)	Plan	Employee Out-of-Pocket Maximum by Plan	2023 HRA/HSA** Funding by Employer	Annual Out-of-Pocket Exposure for Employee After HRA/HSA**	Total Monthly Premium 7/1/2023	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Monthly Premium Share	Total Employee Annual Exposure Premium & Out-of-Pocket Share
Single	Platinum	\$2,800	\$2,200	\$600	\$1,039.81	\$12,477.72	\$1,813.31	\$10,664.41	\$888.70	\$11,264.41
Single	Gold	\$3,100	\$2,200	\$900	\$1,016.01	\$12,192.12	\$1,813.31	\$10,378.81	\$864.90	\$11,278.81
Single	Gold CDHP	\$2,500	\$2,200	\$300	\$944.43	\$11,333.16	\$1,813.31	\$9,519.85	\$793.32	\$9,819.85
Single	Silver CDHP	\$4,000	\$2,200	\$1,800	\$869.01	\$10,428.12	\$1,668.50	\$8,759.62	\$729.97	\$10,559.62
*If you are unsure if these costs apply to you, see "What employee segment am I in?" on our website.										
**HSA only available on Silver Plan										
Employer premium contributions for the Platinum and Gold Plans are identical to the employer premium contribution to the Gold CDHP .										
Premiums are set on a fiscal-year basis. These rates reflect changes as of July 1, 2023.										

Non-Licensed Employee* Full Time - Self & Spouse Policy - Premium Split Determined Locally (See cell A2 to change to your local amount)	Plan	Employee Out-of-Pocket Maximum by Plan	2023 HRA/HSA** Funding by Employer	Annual Out-of-Pocket Exposure for Employee After HRA/HSA**	Total Monthly Premium 7/1/2023	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Monthly Premium Share	Total Employee Annual Exposure Premium & Out-of-Pocket Share
Self & Spouse	Platinum	\$5,600	\$4,400	\$1,200	\$2,079.64	\$24,955.68	\$3,405.48	\$21,550.20	\$1,795.85	\$22,750.20
Self & Spouse	Gold	\$6,200	\$4,400	\$1,800	\$2,032.02	\$24,384.24	\$3,405.48	\$20,978.76	\$1,748.23	\$22,778.76
Self & Spouse	Gold CDHP	\$5,000	\$4,400	\$600	\$1,773.69	\$21,284.28	\$3,405.48	\$17,878.80	\$1,489.90	\$18,478.80
Self & Spouse	Silver CDHP	\$8,000	\$4,400	\$3,600	\$1,738.05	\$20,856.60	\$3,337.06	\$17,519.54	\$1,459.96	\$21,119.54
*If you are unsure if these costs apply to you, see "What employee segment am I in?" on our website.										
**HSA only available on Silver Plan										
Employer premium contributions for the Platinum and Gold Plans are identical to the employer premium contribution to the Gold CDHP .										
Premiums are set on a fiscal-year basis. These rates reflect changes as of July 1, 2023.										

Non-Licensed Employee* Full Time - Parent/Child(ren) Policy - Premium Split Determined Locally (See cell A2 to change to your local amount)	Plan	Employee Out-of-Pocket Maximum by Plan	2023 HRA/HSA** Funding by Employer	Annual Out-of-Pocket Exposure for Employee After HRA/HSA**	Total Monthly Premium 7/1/2023	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Monthly Premium Share	Total Employee Annual Exposure Premium & Out-of-Pocket Share
Parent/Child(ren)	Platinum	\$5,600	\$4,400	\$1,200	\$1,738.72	\$20,864.64	\$2,803.45	\$18,061.19	\$1,505.10	\$19,261.19
Parent/Child(ren)	Gold	\$6,200	\$4,400	\$1,800	\$1,700.35	\$20,404.20	\$2,803.45	\$17,600.75	\$1,466.73	\$19,400.75
Parent/Child(ren)	Gold CDHP	\$5,000	\$4,400	\$600	\$1,460.13	\$17,521.56	\$2,803.45	\$14,718.11	\$1,226.51	\$15,318.11
Parent/Child(ren)	Silver CDHP	\$8,000	\$4,400	\$3,600	\$1,464.93	\$17,579.16	\$2,812.67	\$14,766.49	\$1,230.54	\$18,366.49
*If you are unsure if these costs apply to you, see "What employee segment am I in?" on our website.										
**HSA only available on Silver Plan										
Employer premium contributions for the Platinum and Gold Plans are identical to the employer premium contribution to the Gold CDHP .										
Premiums are set on a fiscal-year basis. These rates reflect changes as of July 1, 2023.										

Non-Licensed Employee* Full Time - Family Policy - Premium Split Determined Locally (See cell A2 to change to your local amount)	Plan	Employee Out-of-Pocket Maximum by Plan	2023 HRA/HSA** Funding by Employer	Annual Out-of-Pocket Exposure for Employee After HRA/HSA**	Total Monthly Premium 7/1/2023	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Monthly Premium Share	Total Employee Annual Exposure Premium & Out-of-Pocket Share
Family	Platinum	\$5,600	\$4,400	\$1,200	\$2,941.62	\$35,299.44	\$5,022.89	\$30,276.55	\$2,523.05	\$31,476.55
Family	Gold	\$6,200	\$4,400	\$1,800	\$2,876.05	\$34,512.60	\$5,022.89	\$29,489.71	\$2,457.48	\$31,289.71
Family	Gold CDHP	\$5,000	\$4,400	\$600	\$2,616.09	\$31,393.08	\$5,022.89	\$26,370.19	\$2,197.52	\$26,970.19
Family	Silver CDHP	\$8,000	\$4,400	\$3,600	\$2,472.95	\$29,675.40	\$4,748.06	\$24,927.34	\$2,077.28	\$28,527.34
*If you are unsure if these costs apply to you, see "What employee segment am I in?" on our website.										
**HSA only available on Silver Plan										
Employer premium contributions for the Platinum and Gold Plans are identical to the employer premium contribution to the Gold CDHP .										
Premiums are set on a fiscal-year basis. These rates reflect changes as of July 1, 2023.										