Enter the District/Employer premium contrib 15%										
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	\$1,699.97	\$10,777.75	\$898.15	\$11,377.75
Single	Gold	\$3,100	\$2,200	\$900	\$1,016.01	\$12,192.12	\$1,699.97	\$10,492.15	\$874.35	\$11,392.15
Single	Gold CDHP	\$2,500	\$2,200	\$300	\$944.43	\$11,333.16	\$1,699.97	\$9,633.19	\$802.77	\$9,933.19
Single	Silver CDHP	\$4,000	\$2,200	\$1,800	\$869.01	\$10,428.12	\$1,564.22	\$8,863.90	\$738.66	\$10,663.90
*If you are unsure if these costs apply to you, see '										
**HSA only available on Silver Plan										
Employer premium contributions for the <u>Platinum and Gold Plans</u> are identical to the employer premium contribution to the <u>Gold CDHP</u> .										

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	\$3,192.64	\$21,763.04	\$1,813.59	\$22,963.04
Self & Spouse	Gold	\$6,200	\$4,400	\$1,800	\$2,032.02	\$24,384.24	\$3,192.64	\$21,191.60	\$1,765.97	\$22,991.60
Self & Spouse	Gold CDHP	\$5,000	\$4,400	\$600	\$1,773.69	\$21,284.28	\$3,192.64	\$18,091.64	\$1,507.64	\$18,691.64
Self & Spouse	Silver CDHP	\$8,000	\$4,400	\$3,600	\$1,738.05	\$20,856.60	\$3,128.49	\$17,728.11	\$1,477.34	\$21,328.11
*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	\$2,628.23	\$18,236.41	\$1,519.70	\$19,436.41
Parent/Child(ren)	Gold	\$6,200	\$4,400	\$1,800	\$1,700.35	\$20,404.20	\$2,628.23	\$17,775.97	\$1,481.33	\$19,575.97
Parent/Child(ren)	Gold CDHP	\$5,000	\$4,400	\$600	\$1,460.13	\$17,521.56	\$2,628.23	\$14,893.33	\$1,241.11	\$15,493.33
Parent/Child(ren)	Silver CDHP	\$8,000	\$4,400	\$3,600	\$1,464.93	\$17,579.16	\$2,636.87	\$14,942.29	\$1,245.19	\$18,542.29
*If you are unsure if these costs apply to you, see "										
**HSA only available on Silver Plan										
Emplayer promium contributions for the Platinum and Gold Plans, are identical to the emplayer promium contribution to the Gold CDHD										

Employer premium contributions for the <u>Platinum and Gold Plans</u> are identical to the employer premium contribution to the <u>Gold CDHP</u>.

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	\$4,708.96	\$30,590.48	\$2,549.21	\$31,790.48
Family	Gold	\$6,200	\$4,400	\$1,800	\$2,876.05	\$34,512.60	\$4,708.96	\$29,803.64	\$2,483.64	\$31,603.64
Family	Gold CDHP	\$5,000	\$4,400	\$600	\$2,616.09	\$31,393.08	\$4,708.96	\$26,684.12	\$2,223.68	\$27,284.12
Family	Silver CDHP	\$8,000	\$4,400	\$3,600	\$2,472.95	\$29,675.40	\$4,451.31	\$25,224.09	\$2,102.01	\$28,824.09
*If you are unsure if these costs apply to you, see "										
**HSA only available on Silver Plan										
Employer promium contributions for the Plati	Employer promium contributions for the Platinum and Gold Plans, are identical to the employer premium contribution to the Gold COHD									

Employer premium contributions for the <u>Platinum and Gold Plans</u> are identical to the employer premium contribution to the <u>Gold CDHP</u>. Premiums are set on a fiscal-year basis. These rates reflect changes as of July 1, 2023.

Updated 4.17.2023 - No change to HSA/HRA Funding for 2023-2025