

MEDICAL PREMIUMS 23/24 PLAN YEAR

23/24 Premiums - Plan A with Vision

Coverage Category		Employee Cost	AWC Cost	Total Premium
Plan A / HIE	Employee Only	\$ 155.00	\$ 735.00	\$ 890.00
Plan A / HIS	EE + Spouse	\$ 1,026.00	\$ 735.00	\$ 1,761.00
Plan A / HIC	EE + Child(ren)	\$ 927.00	\$ 735.00	\$ 1,662.00
Plan A / HIF	EE + Family	\$ 1,445.00	\$ 735.00	\$ 2,180.00

23/24 Premiums - Plan B with Vision

Coverage Category		Employee Cost	AWC Cost	Total Premium
Plan B / HIBE	Employee Only	\$ -	\$ 735.00	\$ 735.00
Plan B / HISB	EE + Spouse	\$ 481.00	\$ 973.00	\$ 1,454.00
Plan B / HICB	EE + Child(ren)	\$ 419.00	\$ 951.00	\$ 1,370.00
Plan B / HIFB	EE + Family	\$ 750.00	\$ 1,048.00	\$ 1,798.00

23/24 Premiums - HDHP with Vision

Coverage Category		Employee Cost	AWC Cost	Total Premium
HDHP / HIHE	Employee Only	\$ -	\$ 561.00	\$ 561.00
HDHP / HISH	EE + Spouse	\$ 389.00	\$ 740.00	\$ 1,129.00
HDHP / HICH	EE + Child(ren)	\$ 340.00	\$ 725.00	\$ 1,065.00
HDHP / HHFD	EE + Family	\$ 611.00	\$ 793.00	\$ 1,404.00

23/24 Premiums - DENTAL

Coverage Category		Employee Cost	AWC Cost	Total Premium
Dental / HEED	Employee Only	\$ -	\$ 40.00	\$ 40.00
Dental / HDSP	EE + Spouse	\$ 41.00	\$ 40.00	\$ 81.00
Dental / HDCH	EE + Child(ren)	\$ 36.00	\$ 40.00	\$ 76.00
Dental / HFD	EE + Family	\$ 61.00	\$ 40.00	\$ 101.00

23/24 Premiums - WAIVED

Coverage Category		Employee Cost	AWC Cost	Total Premium
Health HIEW / Waived	Employee Only	\$ -	\$ 735.00	\$ 735.00
Dental HEDW / Waived	Employee Only	\$ -	\$ 40.00	\$ 40.00

7/1/2023