

2023 Rates for MSD of North Posey County

Plan	Coverage	Annual Premium	Employer Contribution Annual				Employee Contribution Annual				Employee Contribution Monthly				Employee Deduction -24 Pays			
			Cert/NC	Super	ADM	Bus/Café	Cert/NC	Super	ADM	Bus/Café	Cert/NC	Super	ADM	Bus/Café	Cert/NC	Super	ADM	Bus/Café
HDHP 1 - 2600	Single	\$8,737.62	\$5,720.00	\$8,736.62	\$6,200.00	\$4,250.00	\$3,017.62	\$1.00	\$2,537.62	\$4,487.62	\$251.47	\$0.08	\$211.47	\$373.97	\$125.73	\$0.04	\$105.73	\$186.98
	Family	\$23,097.31	\$12,250.00	\$23,096.31	\$18,002.00	\$9,550.00	\$10,847.31	\$1.00	\$5,095.31	\$13,547.31	\$903.94	\$0.08	\$424.61	\$1,128.94	\$451.97	\$0.04	\$212.30	\$564.47
HDHP 1 - 2600 Tobacco	Single	\$8,977.62	\$5,720.00	\$8,736.62	\$6,200.00	\$4,250.00	\$3,257.62	\$241.00	\$2,777.62	\$4,727.62	\$271.47	\$20.08	\$231.47	\$393.97	\$135.73	\$10.04	\$115.73	\$196.98
	Family	\$23,337.31	\$12,250.00	\$23,096.31	\$18,002.00	\$9,550.00	\$11,087.31	\$241.00	\$5,335.31	\$13,787.31	\$923.94	\$20.08	\$444.61	\$1,148.94	\$461.97	\$10.04	\$222.30	\$574.47
HDHP 2 - 4000	Single	\$7,402.87	\$5,720.00	\$7,401.87	\$6,200.00	\$4,250.00	\$1,682.87	\$1.00	\$1,202.87	\$3,152.87	\$140.24	\$0.08	\$100.24	\$262.74	\$70.12	\$0.04	\$50.12	\$131.37
	Family	\$19,508.08	\$12,250.00	\$19,507.08	\$18,002.00	\$9,550.00	\$7,258.08	\$1.00	\$1,506.08	\$9,958.08	\$604.84	\$0.08	\$125.51	\$829.84	\$302.42	\$0.04	\$62.75	\$414.92
HDHP 2 - 4000 Tobacco	Single	\$7,642.87	\$5,720.00	\$7,401.87	\$6,200.00	\$4,250.00	\$1,922.87	\$241.00	\$1,442.87	\$3,392.87	\$160.24	\$20.08	\$120.24	\$282.74	\$80.12	\$10.04	\$60.12	\$141.37
	Family	\$19,748.08	\$12,250.00	\$19,507.08	\$18,002.00	\$9,550.00	\$7,498.08	\$241.00	\$1,746.08	\$10,198.08	\$624.84	\$20.08	\$145.51	\$849.84	\$312.42	\$10.04	\$72.75	\$424.92

Plan	Coverage	Annual Premium	Cobra Premium	Cobra Monthly
HDHP 1 - 2600	Single	\$8,737.62	\$8,912.37	\$742.70
	Family	\$23,097.31	\$23,559.25	\$1,963.27
HDHP 1 - 2600 Tobacco	Single	\$8,977.62	\$9,157.17	\$763.10
	Family	\$23,337.31	\$23,804.05	\$1,983.67
HDHP 2 - 4000	Single	\$7,402.87	\$7,550.93	\$629.24
	Family	\$19,508.08	\$19,898.24	\$1,658.19
HDHP 2 - 4000 Tobacco	Single	\$7,642.87	\$7,795.73	\$649.64
	Family	\$19,748.08	\$20,143.04	\$1,678.59

Employer Contribution Annual				Employer Contribution Monthly			
Cert/NC	Super	ADM	Bus/Café	Cert/NC	Super	ADM	Bus/Café
\$5,720.00	\$8,736.62	\$6,200.00	\$4,250.00	\$476.67	\$728.05	\$516.67	\$354.17
\$12,250.00	\$23,096.31	\$18,002.00	\$9,550.00	\$1,020.83	\$1,924.69	\$1,500.17	\$795.83
\$5,720.00	\$8,736.62	\$6,200.00	\$4,250.00	\$476.67	\$728.05	\$516.67	\$354.17
\$12,250.00	\$23,096.31	\$18,002.00	\$9,550.00	\$1,020.83	\$1,924.69	\$1,500.17	\$795.83
\$5,720.00	\$7,401.87	\$6,200.00	\$4,250.00	\$476.67	\$616.82	\$516.67	\$354.17
\$12,250.00	\$19,507.08	\$18,002.00	\$9,550.00	\$1,020.83	\$1,625.59	\$1,500.17	\$795.83
\$5,720.00	\$7,401.87	\$6,200.00	\$4,250.00	\$476.67	\$616.82	\$516.67	\$354.17
\$12,250.00	\$19,507.08	\$18,002.00	\$9,550.00	\$1,020.83	\$1,625.59	\$1,500.17	\$795.83

Dental Health Options	Premium	Cobra Prem	Cobra/Month
Employee + Family	1,336.80	1,363.54	\$113.63
Employee + 1 Dependent	767.40	782.75	\$65.23
Employee Only	374.04	381.52	\$31.79