

# MSD OF NORTH POSEY COUNTY

Health Insurance Payments as of December 1, 2022 to November 30, 2023

Health Insurance Coverage - January 1, 2023 to December 31, 2023

## GROUP I - Administrators

### Non-Tobacco Use

#### Consociate Health

#### HDHP 1 - 2800 - Encore Health Network

Summary of In-Network Benefits Design

\$2,800/\$5,000 Deductible (In-Network)

**Eligible for HSA**

\$3,500/\$7,000 Out of Pocket Maximum (Includes Deductible, Medical, & Rx copay and coinsurance. In-Network)

Office Visit 100% until deductible, then 0%

100% Inpatient/Outpatient Facility until deductible, then 0%

100% until deductible, then \$10/\$30/\$60 Retail RX

100% until deductible, then \$10/\$75/\$180 Mail Order RX

### FAMILY PLAN

Yearly Premium	\$23,097.31
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Employer Share	\$18,002.00
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Employee Share	\$5,095.31
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**Employee 24 pay deduction: \$212.31**

### SINGLE PLAN

Yearly Premium	\$8,737.62
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Employer Share	\$6,200.00
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Employee Share	\$2,537.62
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**Employee pay deduction: \$105.74**

*Note: The computer payroll program will adjust the amount of your final paycheck deduction for health insurance.*

(Over)

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Office Visit 100% until deductible, then 0%

100% Inpatient/Outpatient Facility until deductible, then 0%

100% until deductible, then \$10/\$30/\$60 Retail RX

100% until deductible, then \$10/\$75/\$180 Mail Order RX

### FAMILY PLAN

Yearly Premium	\$23,337.31
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Employer Share	\$18,002.00
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Employee Share	\$5,335.31
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**Employee 24 pay deduction: \$222.31**

### SINGLE PLAN

Yearly Premium	\$8,977.62
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Employer Share	\$6,200.00
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Employee Share	\$2,777.62
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**Employee pay deduction: \$115.74**

*Note: The computer payroll program will adjust the amount of your final paycheck deduction for health insurance.*

(Over)

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Health Insurance Coverage - January 1, 2023 to December 31, 2023

## GROUP I - Administrators

### Non-Tobacco Use

#### Consociate Health

#### HDHP 2 - HDHP 4000- Encore Health Network

Summary of In-Network Benefits Design

\$4,000/\$8,000 Deductible (In-Network)

\$5,000/\$10,000 Out of Pocket Maximum (Includes Deductible, Medical, & Rx copay and coinsurance. In-Network)

Office Visit 100% until deductible, then 0%

100% Inpatient/Outpatient Facility until deductible, then 0%

100% until deductible, then \$10/\$30/\$60 Speciality=25% up to \$200 Max - Retail RX

100% until deductible, then \$10/\$75/\$180 Speciality=25% up to \$200 Max - Mail Order RX

**Eligible for HSA**

### FAMILY PLAN

Yearly Premium	\$19,508.08
Employer Share	\$18,002.00
Employee Share	\$1,506.08

**Employee 24 pay deduction: \$62.76**

### SINGLE PLAN

Yearly Premium	\$7,402.87
Employer Share	\$6,200.00
Employee Share	\$1,202.87

**Employee 24 pay deduction: \$50.12**

*Note: The computer payroll program will adjust the amount of your final paycheck deduction for health insurance.*

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### Tobacco Use

#### Consociate Health

#### HDHP 2 - HDHP 4000- Encore Health Network

Summary of In-Network Benefits Design

\$4,000/\$8,000 Deductible (In-Network)

**Eligible for HSA**

\$5,000/\$10,000 Out of Pocket Maximum (Includes Deductible, Medical, & Rx copay and coinsurance. In-Network)

Office Visit 100% until deductible, then 0%

100% Inpatient/Outpatient Facility until deductible, then 0%

100% until deductible, then \$10/\$30/\$60 Speciality=25% up to \$200 Max - Retail RX

100% until deductible, then \$10/\$75/\$180 Speciality=25% up to \$200 Max - Mail Order RX

### FAMILY PLAN

Yearly Premium	\$19,748.08
Employer Share	\$18,002.00
Employee Share	\$1,746.08

**Employee 24 pay deduction: \$72.76**

### SINGLE PLAN

Yearly Premium	\$7,642.87
Employer Share	\$6,200.00
Employee Share	\$1,442.87

**Employee 24 pay deduction: \$60.12**

*Note: The computer payroll program will adjust the amount of your final paycheck deduction for health insurance.*