

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 II - Certified & Non-Certified Employees

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
Employer Share	\$12,250.00
Employee Share	\$10,847.31
Employee 24 pay deduction: \$451.98	

SINGLE PLAN	
Yearly Premium	\$8,737.62
Employer Share	\$5,720.00
Employee Share	\$3,017.62
Employee 24 pay deduction: \$125.74	

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

(Over)

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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
Employer Share	\$12,250.00
Employee Share	\$11,087.31
Employee 24 pay deduction: \$461.98	

SINGLE PLAN

Yearly Premium	\$8,977.62
Employer Share	\$5,720.00
Employee Share	\$3,257.62
Employee 24 pay deduction: \$135.74	

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

(Over)

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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	\$12,250.00
Employee Share	\$7,258.08

Employee 24 pay deduction: \$302.42

SINGLE PLAN

Yearly Premium	\$7,402.87
Employer Share	\$5,720.00
Employee Share	\$1,682.87

Employee 24 pay deduction: \$70.12

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\$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	\$12,250.00
Employee Share	\$7,498.08

Employee 24 pay deduction: \$312.42

SINGLE PLAN

Yearly Premium	\$7,642.87
Employer Share	\$5,720.00
Employee Share	\$1,922.87

Employee 24 pay deduction: \$80.12

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