

# MSD OF NORTH POSEY COUNTY

Health Insurance Payments as of December 1, 2024 to November 30, 2025  
 Health Insurance Coverage - January 1, 2025 to December 31, 2025

## GROUP II - Certified & Non-Certified Employees

### Non-Tobacco Use

#### Consociate Health

#### HDHP 1 - 3300 - Encore Health Network

Summary of In-Network Benefits Design

\$3,300/\$6,000 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

<b>FAMILY PLAN</b>	
Yearly Premium	\$23,097.31
Employer Share	\$12,250.00
Employee Share	\$10,847.31
<b>Employee 24 pay deduction: \$451.98</b>	

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

*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
Employer Share	\$12,250.00
Employee Share	\$11,087.31
<b>Employee 24 pay deduction: \$461.98</b>	

### SINGLE PLAN

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

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(Over)

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### 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)

**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 Retail RX

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

#### 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**

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

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#### 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 Retail RX

100% until deductible, then \$10/\$75/\$180 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.*