

# 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

## PART TIME 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 (50%)	\$6,125.00
Employee Share	\$16,972.31
<b>Employee 24 pay deduction: \$707.18</b>	

<b>SINGLE PLAN</b>	
Yearly Premium	\$8,737.62
Employer Share (50%)	\$2,860.00
Employee Share	\$5,877.62
<b>Employee 24 pay deduction: \$244.91</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 (50%)	\$6,125.00
Employee Share	\$17,212.31
<b>Employee 24 pay deduction: \$717.18</b>	

### SINGLE PLAN

Yearly Premium	\$8,977.62
Employer Share (50%)	\$2,860.00
Employee Share	\$6,117.62
<b>Employee 24 pay deduction: \$254.91</b>	

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

(Over)

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## PART TIME GROUP II - Certified & Non-Certified Employees

### 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 (50%)	\$6,125.00
Employee Share	\$13,383.08

**Employee 24 pay deduction: \$557.63**

#### SINGLE PLAN

Yearly Premium	\$7,402.87
Employer Share (50%)	\$2,860.00
Employee Share	\$4,542.87

**Employee 24 pay deduction: \$189.29**

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

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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	\$19,748.08
Employer Share (50%)	\$6,125.00
Employee Share	\$13,623.08

**Employee 24 pay deduction: \$567.63**

#### SINGLE PLAN

Yearly Premium	\$7,642.87
Employer Share (50%)	\$2,860.00
Employee Share	\$4,782.87

**Employee 24 pay deduction: \$199.29**

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