

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 V & VI - Retirees and Cobra

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

FAMILY PLAN

Yearly Premium	\$23,097.31
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Employee Share	\$23,097.31
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***Retiree Monthly Premium: \$1,924.78**

SINGLE PLAN

Yearly Premium	\$8,737.62
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Employee Share	\$8,737.62
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***Retiree Monthly Premium: \$728.14**

*Cobra participants will be subject to a 2% administration fee
Cobra/Consociate will mail coupon booklet with exact payment amount

(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
Employee Share	\$23,337.31

***Retiree Monthly Premium: \$1,944.78**

SINGLE PLAN

Yearly Premium	\$8,977.62
Employee Share	\$8,977.62

***Retiree Monthly Premium: \$748.14**

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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	\$19,508.08
Employee Share	\$19,508.08
*Retiree Monthly Premium: \$1,625.68	

SINGLE PLAN

Yearly Premium	\$7,402.87
Employee Share	\$7,402.87
*Retiree Monthly Premium: \$616.91	

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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	\$19,748.08
Employee Share	\$19,748.08
*Retiree Monthly Premium: \$1,645.68	

SINGLE PLAN	
Yearly Premium	\$7,642.87
Employee Share	\$7,642.87
*Retiree Monthly Premium: \$636.91	

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