

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 I - Administrators

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 |
|----------------|-------------|

| | |
|----------------|-------------|
| Employer Share | \$18,002.00 |
|----------------|-------------|

| | |
|----------------|------------|
| Employee Share | \$5,095.31 |
|----------------|------------|

Employee 24 pay deduction: \$212.31

SINGLE PLAN

| | |
|----------------|------------|
| Yearly Premium | \$8,737.62 |
|----------------|------------|

| | |
|----------------|------------|
| Employer Share | \$6,200.00 |
|----------------|------------|

| | |
|----------------|------------|
| Employee Share | \$2,537.62 |
|----------------|------------|

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 |
|----------------|-------------|

| | |
|----------------|-------------|
| Employer Share | \$18,002.00 |
|----------------|-------------|

| | |
|----------------|------------|
| Employee Share | \$5,335.31 |
|----------------|------------|

Employee 24 pay deduction: \$222.31

SINGLE PLAN

| | |
|----------------|------------|
| Yearly Premium | \$8,977.62 |
|----------------|------------|

| | |
|----------------|------------|
| Employer Share | \$6,200.00 |
|----------------|------------|

| | |
|----------------|------------|
| Employee Share | \$2,777.62 |
|----------------|------------|

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

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)

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 | \$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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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 | \$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.