

MSD OF NORTH POSEY COUNTY

Health Insurance Payments as of December 1, 2024 to November 30, 2025

Health Insurance Coverage - January 1, 2024 to December 31, 2024

GROUP III - Bus Drivers & COOKS

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	\$9,550.00
Employee Share	\$13,547.31

Employee 24 pay deduction: \$564.48

SINGLE PLAN

Yearly Premium	\$8,737.62
Employer Share	\$4,250.00
Employee Share	\$4,487.62

Employee 24 pay deduction: \$186.99

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	\$9,550.00
Employee Share	\$13,787.31
Employee 24 pay deduction: \$574.48	

SINGLE PLAN

Yearly Premium	\$8,977.62
Employer Share	\$4,250.00
Employee Share	\$4,727.62
Employee 24 pay deduction: \$196.99	

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)

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	\$19,508.08
Employer Share	\$9,550.00
Employee Share	\$9,958.08

Employee 24 pay deduction: \$414.92

SINGLE PLAN

Yearly Premium	\$7,402.87
Employer Share	\$4,250.00
Employee Share	\$3,152.87

Employee 24 pay deduction: \$131.37

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

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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	\$9,550.00
Employee Share	\$10,198.08

Employee 24 pay deduction: \$424.92

SINGLE PLAN

Yearly Premium	\$7,642.87
Employer Share	\$4,250.00
Employee Share	\$3,392.87

Employee 24 pay deduction: \$141.37

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