

# MSD OF NORTH POSEY COUNTY

Health Insurance Payments as of December 1, 2025 to November 30, 2026

Health Insurance Coverage - January 1, 2026 to December 31, 2026

## GROUP III - Bus Drivers & COOKS

### Non-Tobacco Use

#### Consociate Health

#### HDHP 1 - 3400 - Encore Health Network

Eligible for HSA

Summary of In-Network Benefits Design

\$3,400/\$6,000 Deductible (In-Network)

\$3,500/\$7,000 Out of Pocket Max (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	\$24,483.14
Employer Share	\$9,693.00
Employee Share	\$14,790.14

**Employee 24 pay deduction: \$616.26**

#### SINGLE PLAN

Yearly Premium	\$9,261.88
Employer Share	\$4,335.00
Employee Share	\$4,926.88

**Employee 24 pay deduction: \$205.29**

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

(Over)

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\$3,500/\$7,000 Out of Pocket Max (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	\$24,737.54
Employer Share	\$9,693.00
Employee Share	\$15,044.54
<b>Employee 24 pay deduction: \$626.86</b>	

### SINGLE PLAN

Yearly Premium	\$9,516.28
Employer Share	\$4,335.00
Employee Share	\$5,181.28
<b>Employee 24 pay deduction: \$215.89</b>	

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

(Over)

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Health Insurance Coverage - January 1, 2026 to December 31, 2026

## GROUP III - Bus Drivers & COOKS

### Non-Tobacco Use

#### Consociate Health

#### HDHP 2 - HDHP 5000- Encore Health Network

Summary of In-Network Benefits Design

\$5,000/\$10,000 Deductible (In-Network)

**Eligible for HSA**

\$6,000/\$12,000 Out of Pocket Max (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	\$19,898.24
Employer Share	\$9,693.00
Employee Share	\$10,205.24

**Employee 24 pay deduction: \$425.22**

#### SINGLE PLAN

Yearly Premium	\$7,550.93
Employer Share	\$4,335.00
Employee Share	\$3,215.93

**Employee 24 pay deduction: \$134.00**

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

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## GROUP III - Bus Drivers & COOKS

### Tobacco Use

Consociate Health

#### HDHP 2 - HDHP 5000- Encore Health Network

Summary of In-Network Benefits Design

\$5,000/\$10,000 Deductible (In-Network)

**Eligible for HSA**

\$6,000/\$12,000 Out of Pocket Max (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	\$20,143.04
Employer Share	\$9,693.00
Employee Share	\$10,450.04
<b>Employee 24 pay deduction: \$435.42</b>	

### SINGLE PLAN

Yearly Premium	\$7,795.73
Employer Share	\$4,335.00
Employee Share	\$3,460.73
<b>Employee 24 pay deduction: \$144.20</b>	

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