

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

PART TIME GROUP II - Certified & Non-Certified Employees

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 (50%)	\$6,300.00
Employee Share	\$18,183.14
Employee 24 pay deduction: \$757.63	

SINGLE PLAN	
Yearly Premium	\$9,261.88
Employer Share (50%)	\$2,935.00
Employee Share	\$6,326.88
Employee 24 pay deduction: \$263.62	

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	\$24,737.54
Employer Share (50%)	\$6,300.00
Employee Share	\$18,437.54

Employee 24 pay deduction: \$768.23

SINGLE PLAN

Yearly Premium	\$9,516.28
Employer Share (50%)	\$2,935.00
Employee Share	\$6,581.28

Employee 24 pay deduction: \$274.22

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 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 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	\$19,898.24
Employer Share (50%)	\$6,300.00
Employee Share	\$13,598.24

Employee 24 pay deduction: \$566.59

SINGLE PLAN

Yearly Premium	\$7,550.93
Employer Share (50%)	\$2,935.00
Employee Share	\$4,615.93

Employee 24 pay deduction: \$192.33

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

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

Eligible for HSA

\$6,000/\$12,000 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	\$20,143.04
Employer Share (50%)	\$6,300.00
Employee Share	\$13,843.04

Employee 24 pay deduction: \$576.79

SINGLE PLAN

Yearly Premium	\$7,795.73
Employer Share (50%)	\$2,935.00
Employee Share	\$4,860.73

Employee 24 pay deduction: \$202.53

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