

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 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	\$12,600.00
Employee Share	\$11,883.14
Employee 24 pay deduction: \$495.13	

SINGLE PLAN	
Yearly Premium	\$9,261.88
Employer Share	\$5,870.00
Employee Share	\$3,391.88
Employee 24 pay deduction: \$141.33	

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

(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	\$24,737.54
Employer Share	\$12,600.00
Employee Share	\$12,137.54
Employee 24 pay deduction: \$505.73	

SINGLE PLAN

Yearly Premium	\$9,516.28
Employer Share	\$5,870.00
Employee Share	\$3,646.28
Employee 24 pay deduction: \$151.93	

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(Over)

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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	\$12,600.00
Employee Share	\$7,298.24

Employee 24 pay deduction: \$304.10

SINGLE PLAN

Yearly Premium	\$7,550.93
Employer Share	\$5,870.00
Employee Share	\$1,680.93

Employee 24 pay deduction: \$70.04

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 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	\$12,600.00
Employee Share	\$7,543.04

Employee 24 pay deduction: \$314.29

SINGLE PLAN

Yearly Premium	\$7,795.73
Employer Share	\$5,870.00
Employee Share	\$1,925.73

Employee 24 pay deduction: \$80.24

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