2023 BI-WEEKLY MEDICAL PREMIUMS

2023 Medical Plan Standard Rates (<u>without</u> COVID Wellness Incentive)

	< \$!	50k	\$50k-	\$100k	\$100k-	-\$150k	\$15	0k>
	Employee cost	Employer cost	Employee cost	Employer cost	Employee cost	Employer cost	Employee cost	Employer cost
			C	DHP1				
Employee Only	\$73.13	\$201.13	\$88.76	\$185.50	\$102.12	\$172.14	\$113.25	\$161.01
Employee + Spouse	\$154.14	\$410.24	\$159.96	\$404.42	\$191.18	\$373.20	\$217.19	\$347.19
Employee + Child(ren)	\$142.56	\$366.76	\$147.81	\$361.51	\$175.98	\$333.34	\$199.46	\$309.86
Employee + Family	\$205.66	\$603.74	\$214.00	\$595.40	\$258.77	\$550.63	\$296.07	\$513.33
CDHP2								
Employee Only	\$56.99	\$195.43	\$68.15	\$184.27	\$74.82	\$177.60	\$81.39	\$171.03
Employee + Spouse	\$113.88	\$403.59	\$117.72	\$399.75	\$134.50	\$382.97	\$151.04	\$366.43
Employee + Child(ren)	\$106.22	\$360.76	\$109.69	\$357.29	\$124.83	\$342.15	\$139.77	\$327.21
Employee + Family	\$147.91	\$594.22	\$153.43	\$588.70	\$177.50	\$564.63	\$201.22	\$540.91
				PPO				
Employee Only	\$94.65	\$208.96	\$105.42	\$198.19	\$143.46	\$160.15	\$162.61	\$141.00
Employee + Spouse	\$213.04	\$409.36	\$251.62	\$370.78	\$290.01	\$332.39	\$334.73	\$287.67
Employee + Child(ren)	\$202.28	\$359.40	\$229.27	\$332.41	\$263.88	\$297.80	\$304.25	\$257.43
Employee + Family	\$250.71	\$641.90	\$293.76	\$598.85	\$399.63	\$492.98	\$463.77	\$428.84

2023	3 Medica	al Plan i	Rates (<u>w</u>	<u>ith</u> COV	ID Wellr	iess Inc	entive)		
	<\$50k		\$50k-	\$50k-\$100k		\$100k-\$150k		\$150k>	
	Employee cost	Employer cost	Employee cost	Employer cost	Employee cost	Employer cost	Employee cost	Employer cost	
			C	DHP1					
Employee Only	\$37.67	\$219.20	\$53.30	\$203.57	\$66.66	\$190.21	\$77.79	\$179.08	
Employee + Spouse	\$118.68	\$409.90	\$124.50	\$404.08	\$155.72	\$372.86	\$181.73	\$346.85	
Employee + Child(ren)	\$107.10	\$369.92	\$112.35	\$364.67	\$140.52	\$336.50	\$164.00	\$313.02	
Employee + Family	\$170.20	\$587.86	\$178.54	\$579.52	\$223.31	\$534.75	\$260.61	\$497.45	
			C	DHP2					
Employee Only	\$21.53	\$214.88	\$32.69	\$203.72	\$39.36	\$197.05	\$45.93	\$190.48	
Employee + Spouse	\$78.42	\$406.22	\$82.26	\$402.38	\$99.04	\$385.60	\$115.58	\$369.06	
Employee + Child(ren)	\$70.76	\$366.60	\$74.23	\$363.13	\$89.37	\$347.99	\$104.31	\$333.05	
Employee + Family	\$112.45	\$582.60	\$117.97	\$577.08	\$142.04	\$553.01	\$165.76	\$529.29	
	PPO								
Employee Only	\$59.19	\$225.16	\$69.96	\$214.39	\$108.00	\$176.35	\$127.15	\$157.20	
Employee + Spouse	\$177.58	\$405.34	\$216.16	\$366.76	\$254.55	\$328.37	\$299.27	\$283.65	
Employee + Child(ren)	\$166.82	\$359.23	\$193.81	\$332.24	\$228.42	\$297.63	\$268.79	\$257.26	
Employee + Family	\$215.25	\$620.74	\$258.30	\$577.69	\$364.17	\$471.82	\$428.31	\$407.68	

ADDITIONAL 2023 BI-WEEKLY PREMIUMS

Dental						
	Low	Plan	High Plar	1 <\$100k	High Plar	ı >\$100k
	Employee cost	Employer cost	Employee cost	Employer cost	Employee cost	Employer cost
Employee Only	\$7.91	\$6.37	\$9.35	\$8.68	\$10.82	\$7.21
Employee + Spouse	\$15.24	\$13.26	\$18.14	\$17.85	\$21.00	\$14.99
Employee + Child(ren)	\$17.25	\$15.50	\$20.76	\$20.60	\$24.03	\$17.33
Employee + Family	\$24.78	\$22.20	\$29.55	\$29.78	\$34.22	\$25.11

Vision					
Employee Only	\$3.87				
Employee + Spouse	\$5.81				
Employee + Child(ren)	\$6.12				
Employee + Family	\$9.68				

Accident						
	Low Plan	High Plan				
Employee Only	\$1.79	\$3.44				
Employee + Spouse	\$3.17	\$6.08				
Employee + Child(ren)	\$3.40	\$6.55				
Employee + Family	\$4.29	\$8.25				

Le	gal
Cost to employee	\$7.27

Identity Protection					
Employee	\$4.60 per paycheck				
Employee + Family	\$8.29 per paycheck				

	Critical illness							
Attained Age	Emp Oı	oyee ily		oyee + ouse		oyee + I(ren)	Emplo Spouse /	
	\$20,000	\$10,000	\$20,000	\$10,000	\$20,000	\$10,000	\$20,000	\$10,000
<25	\$2.68	\$1.34	\$4.71	\$2.35	\$4.89	\$2.45	\$6.83	\$3.42
25-29	\$2.86	\$1.43	\$4.89	\$2.45	\$4.98	\$2.49	\$7.02	\$3.51
30-34	\$3.69	\$1.85	\$6.09	\$3.05	\$5.82	\$2.91	\$8.31	\$4.15
35-39	\$5.08	\$2.54	\$8.03	\$4.02	\$7.20	\$3.60	\$10.25	\$5.12
40-44	\$7.57	\$3.78	\$11.72	\$5.86	\$9.69	\$4.85	\$13.85	\$6.92
45-49	\$11.17	\$5.58	\$16.89	\$8.45	\$13.29	\$6.65	\$19.02	\$9.51
50-54	\$16.52	\$8.26	\$24.18	\$12.09	\$18.65	\$9.32	\$26.31	\$13.15
55-59	\$23.63	\$11.82	\$33.88	\$16.94	\$25.85	\$12.92	\$36.09	\$18.05
60-64	\$33.69	\$16.85	\$47.63	\$23.82	\$35.82	\$17.91	\$49.85	\$24.92
65-69	\$49.85	\$24.92	\$69.60	\$34.80	\$51.97	\$25.98	\$71.72	\$35.86
70+	\$69.42	\$34.71	\$97.85	\$48.92	\$71.63	\$35.82	\$99.97	\$49.98

Bi-weekly Employee & S	oouse Supplemental Life I	nsurance Rates
Age	Employee & Spouse Rate Non-Nicotine	Employee & Spouse Rate Nicotine
Under 25	\$0.014	\$0.023
25-29	\$0.017	\$0.028
30-34	\$0.023	\$0.037
35-39	\$0.025	\$0.042
40-44	\$0.035	\$0.059
45-49	\$0.056	\$0.096
50-54	\$0.085	\$0.148
55-59	\$0.152	\$0.249
60-64	\$0.207	\$0.346
65-69	\$0.355	\$0.586
70 +	\$0.654	\$1.056

Bi-weekly Dependent Child(ren) Life Insurance Rate

Child \$0.085

Bi-weekly Voluntary AD&D Insurance Rates

Employee	\$0.010
Spouse	\$0.011
Child	\$0.013

