



Employee Health Plan Rates



Effective: August 1, 2023 to July 31, 2024

Basic Plan

	Total Monthly	50% Cost Share	Per Bi-Wkly Pay	Per Wkly Pay
Single	\$ 107.99	\$ 54.00	\$ 24.92	\$ 12.46
Family	\$ 263.12	\$ 131.56	\$ 60.72	\$ 30.36
Waive	\$ 11.04	\$ 11.04	\$ 5.10	\$ 2.55

Enhanced Plan

	Total Monthly	50% Cost Share	Per Bi-Wkly Pay	Per Wkly Pay
Single	\$ 159.46	\$ 79.73	\$ 36.80	\$ 18.40
Family	\$ 388.04	\$ 194.02	\$ 89.55	\$ 44.77
Waive	\$ 18.50	\$ 18.50	\$ 8.54	\$ 4.27

Enhanced Plan - With \$1,500 LTD

	Total Monthly	50% Cost Share	Per Bi-Wkly Pay	Per Wkly Pay
Single	\$ 180.36	\$ 90.18	\$ 41.62	\$ 20.81
Family	\$ 408.94	\$ 204.47	\$ 94.37	\$ 47.19
Waive	\$ 39.40	\$ 39.40	\$ 18.18	\$ 9.09

Enhanced Option (5 Year Benefit: Max \$1,500 per month)

* LTD is optional and calculations assume a salary of \$27,000. Premium will be less if salaries are below this level.

Comprehensive Plan

	Total Monthly	50% Cost Share	Per Bi-Wkly Pay	Per Wkly Pay
Single	\$ 213.69	\$ 106.85	\$ 49.31	\$ 24.66
Family	\$ 497.17	\$ 248.59	\$ 114.73	\$ 57.37
Waive	\$ 48.72	\$ 48.72	\$ 22.49	\$ 11.24

Comprehensive Plan - With \$2,500 LTD

	Total Monthly	50% Cost Share	Per Bi-Wkly Pay	Per Wkly Pay
Single	\$ 274.97	\$ 137.49	\$ 63.45	\$ 31.73
Family	\$ 558.45	\$ 279.23	\$ 128.87	\$ 64.44
Waive	\$ 110.00	\$ 110.00	\$ 50.77	\$ 25.38

Comprehensive Option (Age 65 Benefit: Max \$2,500 per month)

** LTD is optional and calculations assume a salary of \$45,000. Premium will be less if salaries are below this level.