

FY23 Health and Dental Rates January 1, 2023 - June 30, 2023*

Licensed Staff/Admin	Annual Premium	Monthly Premium *	Employer Monthly Share	Employee Share Monthly Premium *	Out-of-Pocket (OOP) Maximum	Employer Share OOP **	Employee Share OOP (last dollar) **
HEALTH PLANS - Employer pays 80% of Gold CDHP Premium, Employee pays 20% of Gold CDHP Premium for the Platinum, Gold, & Gold CDHP plans. Employer pays 80% of Silver CDHP Premium, Employee pays 20% of Silver CDHP.							
HRA - Employer pays first dollar Out-of-Pocket, then Employee contributes (based on Gold CDHP OOP)							
HSA - Available on Silver CDHP Plan only							
Platinum							
Single	\$11,144.16	\$928.68	\$670.22	\$258.46	\$2,800.00	\$1,900.00	\$900.00
Parent/Child(ren)	\$18,634.80	\$1,552.90	\$1,036.19	\$516.71	\$5,600.00	\$4,000.00	\$1,600.00
2-person	\$22,288.56	\$1,857.38	\$1,258.71	\$598.67	\$5,600.00	\$4,000.00	\$1,600.00
Family	\$31,526.88	\$2,627.24	\$1,856.53	\$770.71	\$5,600.00	\$4,000.00	\$1,600.00
Gold							
Single	\$10,890.48	\$907.54	\$670.22	\$237.32	\$3,100.00	\$1,900.00	\$1,200.00
Parent/Child(ren)	\$18,225.84	\$1,518.82	\$1,036.19	\$482.63	\$6,200.00	\$4,000.00	\$2,200.00
2-person	\$21,780.96	\$1,815.08	\$1,258.71	\$556.37	\$6,200.00	\$4,000.00	\$2,200.00
Family	\$30,828.00	\$2,569.00	\$1,856.53	\$712.47	\$6,200.00	\$4,000.00	\$2,200.00
Gold CDHP							
Single	\$10,053.36	\$837.78	\$670.22	\$167.56	\$2,500.00	\$1,900.00	\$600.00
Parent/Child(ren)	\$15,542.88	\$1,295.24	\$1,036.19	\$259.05	\$5,000.00	\$4,000.00	\$1,000.00
2-person	\$18,880.68	\$1,573.39	\$1,258.71	\$314.68	\$5,000.00	\$4,000.00	\$1,000.00
Family	\$27,847.92	\$2,320.66	\$1,856.53	\$464.13	\$5,000.00	\$4,000.00	\$1,000.00
Silver CDHP							
Single	\$9,306.96	\$775.58	\$620.46	\$155.12	\$4,000.00	\$1,900.00	\$2,100.00
Parent/Child(ren)	\$15,688.92	\$1,307.41	\$1,045.93	\$261.48	\$8,000.00	\$4,000.00	\$4,000.00
2-person	\$18,614.04	\$1,551.17	\$1,240.94	\$310.23	\$8,000.00	\$4,000.00	\$4,000.00
Family	\$26,484.60	\$2,207.05	\$1,765.64	\$441.41	\$8,000.00	\$4,000.00	\$4,000.00

* Premiums Subject to Change July 1, 2023

** OOP Subject to change January 1, 2026

Health and Dental Insurance Premiums based on FTE

Health Insurance buy-out amount is \$3,000.00 and based on FTE when less than .8

ALL STAFF	Annual Premium	Monthly Premium	Employer Monthly Share	Employee Monthly Share
DENTAL PLAN - through CBA Blue Benefit is prorated if working less than full time.				
Employer pays 100% of the premium for a Single, Parent/Child(ren) or 2 person plan.				
Employee pays the difference for Family				
Single	\$472.84	\$39.40	\$39.40	\$0.00
Parent/Child(ren)	\$855.62	\$71.30	\$71.30	\$0.00
2 Person	\$950.58	\$79.22	\$79.22	\$0.00
Family	\$1,467.02	\$122.25	\$79.22	\$43.04