

MSD OF NORTH POSEY COUNTY

Health Insurance Payments as of December 1, 2023 to November 30, 2024

Health Insurance Coverage - January 1, 2024 to December 31, 2024

GROUP I - Administrators

Non-Tobacco Use

Consociate Health

HDHP 1 - 3000 - Encore Health Network

Summary of In-Network Benefits Design

\$3,000/\$6,000 Deductible (In-Network)

Eligible for HSA

\$3,500/\$7,000 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	\$23,097.31
Employer Share	\$18,002.00
Employee Share	\$5,095.31

Employee 24 pay deduction: \$212.31

SINGLE PLAN

Yearly Premium	\$8,737.62
Employer Share	\$6,200.00
Employee Share	\$2,537.62

Employee pay deduction: \$105.74

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

(Over)

MSD OF NORTH POSEY COUNTY

Health Insurance Payments as of December 1, 2023 to November 30, 2024

Health Insurance Coverage - January 1, 2024 to December 31, 2024

GROUP I - Administrators

Tobacco Use

Consociate Health

HDHP 1 - 3000 - Encore Health Network

Summary of In-Network Benefits Design

\$3,000/\$6,000 Deductible (In-Network)

Eligible for HSA

\$3,500/\$7,000 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	\$23,337.31
Employer Share	\$18,002.00
Employee Share	\$5,335.31
Employee 24 pay deduction: \$222.31	

SINGLE PLAN

Yearly Premium	\$8,977.62
Employer Share	\$6,200.00
Employee Share	\$2,777.62
Employee pay deduction: \$115.74	

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

(Over)

MSD OF NORTH POSEY COUNTY

Health Insurance Payments as of December 1, 2023 to November 30, 2024

Health Insurance Coverage - January 1, 2024 to December 31, 2024

GROUP I - Administrators

Non-Tobacco Use

Consociate Health

HDHP 2 - HDHP 4000- Encore Health Network

Summary of In-Network Benefits Design

\$4,000/\$8,000 Deductible (In-Network)

Eligible for HSA

\$5,000/\$10,000 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 Speciality=25% up to \$200 Max - Retail RX

100% until deductible, then \$10/\$75/\$180 Speciality=25% up to \$200 Max - Mail Order RX

FAMILY PLAN

Yearly Premium	\$19,508.08
Employer Share	\$18,002.00
Employee Share	\$1,506.08

Employee 24 pay deduction: \$62.76

SINGLE PLAN

Yearly Premium	\$7,402.87
Employer Share	\$6,200.00
Employee Share	\$1,202.87

Employee 24 pay deduction: \$50.12

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

MSD OF NORTH POSEY COUNTY

Health Insurance Payments as of December 1, 2023 to November 30, 2024

Health Insurance Coverage - January 1, 2024 to December 31, 2024

GROUP I - Administrators

Tobacco Use

Consociate Health

HDHP 2 - HDHP 4000- Encore Health Network

Summary of In-Network Benefits Design

\$4,000/\$8,000 Deductible (In-Network)

Eligible for HSA

\$5,000/\$10,000 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 Speciality=25% up to \$200 Max - Retail RX

100% until deductible, then \$10/\$75/\$180 Speciality=25% up to \$200 Max - Mail Order RX

FAMILY PLAN

Yearly Premium	\$19,748.08
Employer Share	\$18,002.00
Employee Share	\$1,746.08

Employee 24 pay deduction: \$72.76

SINGLE PLAN

Yearly Premium	\$7,642.87
Employer Share	\$6,200.00
Employee Share	\$1,442.87

Employee 24 pay deduction: \$60.12

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