

PY 2023 Semi-Monthly Premium Rates for Active Employees

For complete information, please visit the [Plan Year 2023 SEHP Enrollment Guide](#).

A. Non-Discounted

Employee Category	Plan A	Plan C	Plan J	Plan N	Dental	Avēsis Vision	
	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Delta Dental	Basic	Enhanced
Full-Time							
Employee Only	\$39.90	\$35.20	\$52.56	\$23.25	\$0.00	\$1.44	\$2.92
Employee + Spouse	\$237.27	\$123.69	\$153.38	\$84.30	\$9.97	\$2.92	\$5.40
Employee + Children	\$126.56	\$65.02	\$91.27	\$43.92	\$7.98	\$3.16	\$6.35
Employee + Family	\$415.40	\$208.33	\$262.79	\$150.17	\$17.98	\$4.34	\$8.18
Part-Time							
Employee Only	\$115.68	\$52.62	\$65.60	\$34.76	\$5.56	\$1.44	\$2.92
Employee + Spouse	\$353.96	\$158.20	\$179.76	\$107.83	\$18.14	\$2.92	\$5.40
Employee + Children	\$200.22	\$88.32	\$108.80	\$59.65	\$15.60	\$3.16	\$6.35
Employee + Family	\$561.67	\$251.24	\$299.61	\$181.08	\$28.27	\$4.34	\$8.18
HealthyKIDS							
Employee + Children	\$82.82	\$49.37	\$79.52	\$33.36	\$1.77	\$3.16	\$6.35
Employee + Family	\$310.55	\$190.54	\$247.52	\$137.34	\$11.74	\$4.34	\$8.18

B. Discounted

(\$20 semi-monthly reduction for employees who qualified for the HealthQuest Rewards Program Premium Incentive Discount)

Employee Category	Plan A	Plan C	Plan J	Plan N	Dental	Avēsis Vision	
	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Delta Dental	Basic	Enhanced
Full-Time							
Employee Only	\$19.90	\$15.20	\$32.56	\$3.25	\$0.00	\$1.44	\$2.92
Employee + Spouse	\$217.27	\$103.69	\$133.38	\$64.30	\$9.97	\$2.92	\$5.40
Employee + Children	\$106.56	\$45.02	\$71.27	\$23.92	\$7.98	\$3.16	\$6.35
Employee + Family	\$395.40	\$188.33	\$242.79	\$130.17	\$17.98	\$4.34	\$8.18
Part-Time							
Employee Only	\$95.68	\$32.62	\$45.60	\$14.76	\$5.56	\$1.44	\$2.92
Employee + Spouse	\$333.96	\$138.20	\$159.76	\$87.83	\$18.14	\$2.92	\$5.40
Employee + Children	\$180.22	\$68.32	\$88.80	\$39.65	\$15.60	\$3.16	\$6.35
Employee + Family	\$541.67	\$231.24	\$279.61	\$161.08	\$28.27	\$4.34	\$8.18
HealthyKIDS							
Employee + Children	\$62.82	\$29.37	\$59.52	\$13.36	\$1.77	\$3.16	\$6.35
Employee + Family	\$290.55	\$170.54	\$227.52	\$117.34	\$11.74	\$4.34	\$8.18

Health Plan Comparison Highlights

Network Info	Plan A	Plan C	Plan J	Plan N
Medical & Pharmacy *				
Medical Deductible	Single: \$800 Family: \$1,600	Single: \$2,750 Family: \$5,500 (1)	Single: \$500 Family: \$1,000	Single: \$2,750 Family: \$5,500 (1)
Coinsurance	20%	10%	25%	35%
PCP Office Visit	\$20 Copay	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
Specialist Visit	\$40 Copay	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
Pharmacy Coinsurance	20%/35%/60%	20%/35%/60%	20%/35%/60%	20%/35%/60%
Special Case Rx	\$100 Max for 30-Day Supply	N/A	N/A	N/A
Out of Pocket Maximum: Medical & Pharmacy	Single: \$5,250 Family: \$10,500	Single: \$4,500 Family: \$9,000	Single: \$7,350 Family: \$14,700	Single: \$6,650 Family: \$13,300
Non-Network				
Medical Deductible *	Single: \$800 Family: \$1,600	Single: \$2,750 Family: \$5,500 (1)	Single: \$1,000 Family: \$2,000	Single: \$2,750 Family: \$5,500 (1)
Coinsurance	50%	50%	50%	50%
Out of Pocket Max Medical & Pharmacy *	Single: \$5,250 Family: \$10,500	Single: \$4,500 Family: \$9,000	Single: \$10,000 Family: \$20,000	Single: \$6,650 Family: \$13,300
Health Savings Account (HSA) or Health Reimbursement Account (HRA)?	None	EE can choose either HSA or HRA. If HSA elected, EE required to contribute minimum \$25 semi-monthly.		EE can choose either HSA or HRA. If HSA elected, EE does not have to contribute to get the ER contribution.
Employer Annual Contribution (EE Only/EE & Spouse and EE & Family/EE & Children)	None	For Full-time Employees: \$1,000/\$2,000/\$2,000 For Part-time Employees: \$625.20/\$1,187.52/\$1,187.52	None	For Full-time Employees: \$500/\$1125/\$1000 For Part-time Employees: \$312.60/\$843.76/\$593.76
Can Employee earn HQ HSA/HRA dollars?	No	Yes: \$500	HRA only: \$500	Yes: \$500

(EE - Employee SP - Spouse HSA - Health Savings Account HRA - Health Reimbursement Account HQ - HealthQuest Rewards Premium Incentive Program.)

*Discount Tier & non-covered items or services do not count toward Deductible or Out of Pocket Maximum.

(1) Plan C and N: The deductible for all "non-single policies" (EE/SP; EE/Children; EE/Family) will be \$3,000 for all individuals within the family. However, the overall family

Employees enrolled in PY 22 medical coverage, who do not make an Open Enrollment election, will be defaulted into Plan N, with the same medical carrier and same coverage level, with a Health Reimbursement Account.