

PY 2024 Semi-Monthly Premium Rates for Active Employees

[For complete information, please visit the Plan Year 2024 SEHP Enrollment Guide\(pdf\).](#)

A. Non-Discounted

Employee Category	Plan A	Plan C	Plan J	Plan N	Dental	Avësis 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	\$0.00	\$1.44	\$2.92
Employee + Spouse	\$353.96	\$158.20	\$179.76	\$107.83	\$12.58	\$2.92	\$5.40
Employee + Children	\$200.22	\$88.32	\$108.80	\$59.65	\$10.04	\$3.16	\$6.35
Employee + Family	\$561.67	\$251.24	\$299.61	\$181.08	\$22.71	\$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	Avësis 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	\$0.00	\$1.44	\$2.92
Employee + Spouse	\$333.96	\$138.20	\$159.76	\$87.83	\$9.97	\$2.92	\$5.40
Employee + Children	\$180.22	\$68.32	\$88.80	\$39.65	\$7.98	\$3.16	\$6.35
Employee + Family	\$541.67	\$231.24	\$279.61	\$161.08	\$17.98	\$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 & EE & Family/Employee & 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 EE/SP earn HQ HSA/HRA dollars?	No	Yes, EE: \$500	HRA only, EE: \$500	Yes, EE: \$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 \$3,200 for all individuals within the family. However, the overall family deductible for these policies will remain at \$5,500.

For employees with 2023 medical plan coverage who do not make an election during Open Enrollment for PY 2024, default is Plan N with an HRA.