

2023-2024 Insurance Premium Rates - GEA

High Deductible Health Plan (HDHP-MP2)

Group: 800112-M013

Monthly Employee Share Employee

	BOE Monthly	Premium	Percent	Per Month	Amount per Paycheck	BOE bi-weekly Premium	EE Annual Premium	Total Premium (BOE & EE)
MEDICAL (HDHP w/HSA)								
Individual	\$788.31	\$976.24	19.25%	\$187.93	\$112.76	\$472.99	\$2,255.11	\$11,714.88
Two Person	\$1,608.48	\$1,991.92	19.25%	\$383.44	\$230.07	\$965.09	\$4,601.34	\$23,903.04
Family	\$1,969.23	\$2,438.68	19.25%	\$469.45	\$281.67	\$1,181.54	\$5,633.35	\$29,264.16
DENTAL - Delta Dental								
Individual	\$49.03	\$63.47	22.75%	\$14.44	\$8.66	\$29.42	\$173.27	\$761.64
Two Person	\$98.07	\$126.95	22.75%	\$28.88	\$17.33	\$58.84	\$346.57	\$1,523.40
Family	\$122.60	\$158.71	22.75%	\$36.11	\$21.66	\$73.56	\$433.28	\$1,904.52
MEDICAL & DENTAL								
Individual	\$837.34	\$1,039.71		\$202.37	\$121.42	\$502.41	\$2,428.39	\$12,476.52
Two Person	\$1,706.54	\$2,118.87		\$412.33	\$247.40	\$1,023.93	\$4,947.91	\$25,426.44
Family	\$2,091.84	\$2,597.39		\$505.55	\$303.33	\$1,255.10	\$6,066.63	\$31,168.68

*** All employee rates are stated in monthly terms; actual rates per pay period are achieved by multiplying the monthly rate by 12 and then dividing by 20.

Deductibles: \$2,000 deductible individual/\$4,000 deductible Two Person or Family
 Granby BOE contributes 50% of applicable deductible to HSA