

2023-2024 Insurance Premium Rates  
Non-Affiliated

**High Deductible Health Plan (HDHP-MP2)**

Group: 800112-M024

MEDICAL HDHP w/HSA

Monthly Premium      Employee Share Percent      Per Month      Amount per Paycheck

	BOE Monthly	Monthly Premium	Employee Share Percent	Per Month	Amount per Paycheck	BOE bi-weekly Premium	EE Annual Premium	Total Premium
<b>Individual</b>	\$798.08	\$976.24	18.25%	\$178.16	\$106.90	\$478.85	\$2,137.97	\$11,714.88
<b>Two Person</b>	\$1,628.39	\$1,991.92	18.25%	\$363.53	\$218.12	\$977.04	\$4,362.30	\$23,903.04
<b>Family</b>	\$1,993.62	\$2,438.68	18.25%	\$445.06	\$267.04	\$1,196.17	\$5,340.71	\$29,264.16
<b><u>DENTAL - Delta Dental</u></b>								
<b>Individual</b>	\$49.67	\$63.47	21.75%	\$13.80	\$8.28	\$29.80	\$165.66	\$761.64
<b>Two Person</b>	\$99.34	\$126.95	21.75%	\$27.61	\$16.57	\$59.60	\$331.34	\$1,523.40
<b>Family</b>	\$124.19	\$158.71	21.75%	\$34.52	\$20.71	\$74.51	\$414.23	\$1,904.52
<b><u>MEDICAL &amp; DENTAL</u></b>								
<b>Individual</b>	\$847.74	\$1,039.71		\$191.97	\$115.18		\$2,303.62	\$12,476.52
<b>Two Person</b>	\$1,727.73	\$2,118.87		\$391.14	\$234.68		\$4,693.64	\$25,426.44
<b>Family</b>	\$2,117.81	\$2,597.39		\$479.58	\$287.75		\$5,754.94	\$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