

**MARION CENTRAL SCHOOL DISTRICT
TEACHERS ASSOCIATION
EXCELLUS HEALTH DENTAL INSURANCE RATES**

2023-24

				85% DISTRICT CONTRIBUTION*	15% EMPLOYEE CONTRIBUTION	ANNUAL EMPLOYEE LIMIT	21 PAYROLL DEDUCTIONS
(EI)	BP2 \$15 Co-pay (\$0/\$30/\$50 Rx)						
	Single	\$1,025.28		\$810.84	\$214.44	\$2,573.28	\$122.54
	2 Person	\$2,214.51		\$1,817.42	\$397.09	\$4,765.08	\$226.91
	Family No Spouse	\$2,378.54		\$1,743.43	\$635.11	\$7,621.32	\$362.92
	Family	\$2,542.52		\$2,004.78	\$537.74	\$6,452.88	\$307.28
(EU)	BP2 \$20 Co-Pay (\$0/\$30/\$50 Rx)						
	Single	\$ 1,008.58		\$810.84	\$197.74	\$2,372.88	\$112.99
	2 Person	\$ 2,178.26		\$1,817.42	\$360.84	\$4,330.08	\$206.19
	Family No Spouse	\$ 2,338.88		\$1,743.43	\$595.45	\$7,145.40	\$340.26
	Family	\$ 2,499.52		\$2,004.78	\$494.74	\$5,936.88	\$282.71
(A1)	Healthy Blue \$15 Co-pay (\$5/\$25/\$50 Rx) \$0 generics for Kids						
	Single	\$ 1,055.48		\$810.84	\$244.64	\$2,935.68	\$139.79
	Employee/Spouse	\$ 2,335.79		\$1,817.42	\$518.37	\$6,220.44	\$296.21
	Employee/ Child(ren)	\$ 2,269.31		\$1,743.43	\$525.88	\$6,310.56	\$300.50
	Family	\$ 2,605.51		\$2,004.78	\$600.73	\$7,208.76	\$343.27
(A2)	Healthy Blue \$25 Co-pay (\$5/\$25/\$50 Rx) \$0 generics for Kids						
	Single	\$ 1,015.21		\$810.84	\$204.37	\$2,452.44	\$116.78
	Employee/Spouse	\$ 2,252.72		\$1,817.42	\$435.30	\$5,223.60	\$248.74
	Employee/ Child(ren)	\$ 2,182.61		\$1,743.43	\$439.18	\$5,270.16	\$250.96
	Family	\$ 2,500.70		\$2,004.78	\$495.92	\$5,951.04	\$283.38
(A3)	Healthy Blue \$30 Co-pay (\$5/\$35/\$70 Rx) \$0 generics for Kids			Base Plan For District Contribution			
	Single	\$ 953.93		\$810.84	\$143.09	\$1,717.08	\$81.77
	Employee/Spouse	\$ 2,138.14		\$1,817.42	\$320.72	\$3,848.64	\$183.27
	Employee/ Child(ren)	\$ 2,051.09		\$1,743.43	\$307.66	\$3,691.92	\$175.81
	Family	\$ 2,358.56		\$2,004.78	\$353.78	\$4,245.36	\$202.16
(BKW) Signature High Deductable (HDHP): \$1500/\$3000 Deductible							
		Plan Premium/ month	100 % HSA District cost/year (2023)	100 % HSA District cost/year (2024)			
	Single	\$ 664.94	\$1,500.00	\$1,800.00	\$660.84	\$4.10	\$49.20 \$2.34
	Employee/Spouse	\$ 1,471.49	\$3,000.00	\$3,600.00	\$1,471.49	\$0.00	\$0.00 \$0.00
	Employee/ Child(ren)	\$ 1,429.65	\$3,000.00	\$3,600.00	\$1,429.65	\$0.00	\$0.00 \$0.00
	Family	\$ 1,641.45	\$3,000.00	\$3,600.00	\$1,641.45	\$0.00	\$0.00 \$0.00
Dental Blue Options 1 Modified				85%	15%		
	Single	\$ 30.69		\$26.09	\$4.60	\$55.20	\$2.63
	Employee/Spouse	\$ 65.50		\$55.68	\$9.82	\$117.84	\$5.61
	Employee/ Child(ren)	\$ 76.72		\$65.21	\$11.51	\$138.12	\$6.58
	Family	\$ 91.37		\$77.66	\$13.71	\$164.52	\$7.83