

**MARION CENTRAL SCHOOL DISTRICT
CSEA EMPLOYEE ASSOCIATION - EMPLOYEES HIRED Before 7/1/2004
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	
(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	
(A3)	Healthy Blue \$30 Co-pay (\$5/\$35/\$70 Rx)									
	\$0 generics for Kids		Base Plan For District Contribution (for co-pay plans)							
	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	
(BKW)	Signature High Deductible (HDHP): \$1500/\$3000 Deductible									
							HDHP - District pays 100% of premium, provided the combined cost of HDHP premium & HSA contribution does not exceed 85% of HB \$30 premium. IF SO, employee pays the difference. ** see calc to the right***			
	Single	\$664.94	\$1,500.00	\$1,800.00	\$810.84	\$4.10	\$49.20	\$2.34		
	Employee/Spouse	\$1,471.49	\$3,000.00	\$3,600.00	\$1,817.42	\$0.00	\$0.00	\$0.00		
	\$1,429.65	\$3,000.00	\$3,600.00	\$1,743.43	\$0.00	\$0.00	\$0.00			
	\$1,641.45	\$3,000.00	\$3,600.00	\$2,004.78	\$0.00	\$0.00	\$0.00			
	Dental Blue Options 1 Modified									
	Single	\$30.69			80%	20%				
	Employee/Spouse	\$65.50			\$24.55	\$6.14	\$73.68	\$3.51		
	Employee/ Child(ren)	\$76.72			\$52.40	\$13.10	\$157.20	\$7.49		
	Family	\$91.37			\$61.38	\$15.34	\$184.08	\$8.77		
					\$73.10	\$18.27	\$219.24	\$10.44		