MARION CENTRAL SCHOOL DISTRICT CSEA EMPLOYEE ASSOCIATION - EMPLOYEES HIRED Before 7/1/2004 EXCELLUS HEALTH DENTAL INSURANCE RATES

2023-24

2023	3-24				85%	15%		
					DISTRICT CONTRIBUTION*	EMPLOYEE CONTRIBUTION	ANNUAL EMPLOYEE	21 PAYROLL DEDUCTIONS
(EI)	BP2 \$15 Co-pay (\$0/\$30/\$5	0 Bv/\						
(E1)	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/\$5				+=/	700	70,102.00	700
(20)	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
	Healthy Blue \$15 Co-pay							
	(\$5/\$25/\$50 Rx)							
(A1)	\$0 generics for Kids							
(//1)	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
	Healthy Blue \$25 Co-pay	, , , , , ,			, , ,	,	, ,	
	(\$5/\$25/\$50 Rx)							
(A2)	\$0 generics for Kids							
(A2)	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	\$116.76
	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
	Healthy Blue \$30 Co-pay	\$2,500.70			\$2,004.70	Ç433.32	\$3,331.0 4	\$203.30
	(\$5/\$35/\$70 Rx)							
(A3)	\$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
	Family	\$2,358.56			\$2,004.78	\$353.78	\$4,245.36	\$202.16
(BKW)	Signature High Deductable ((HDHP): \$1500/\$3	000 Deductible					
						UDUD District	4000/ - f	ded the combined
			HSA District	HSA District	District Premium		100% of premium, provi n & HSA contribution do	
		Plan Premium/	cost/year	cost/year	Contribution /		. IF SO, employee pays	
		month	(2023)	(2024)	month		see calc to the right***	the difference.
	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
	Employee/ Child(ren)	\$1,429.65	\$3,000.00	\$3,600.00	\$1,743.43	\$0.00	\$0.00	\$0.00
	Family	\$1,641.45	\$3,000.00	\$3,600.00	\$2,004.78	\$0.00	\$0.00	\$0.00
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	Dental Blue Options 1 Modified			80%	20%			
	Single	\$30.69			\$24.55	\$6.14	\$73.68	\$3.51
	Employee/Spouse	\$65.50			\$52.40	\$13.10	\$157.20	\$7.49
	Employee/ Child(ren)	\$76.72			\$61.38	\$15.34	\$184.08	\$8.77
	Family	\$91.37			\$73.10	\$18.27	\$219.24	\$10.44

^{*}The District will Contribute 85% of the cost of the "Base Plan" preminum toward the cost of the Premium of the Health Plan you enroll in. Contribution Amounts are based on the CSEA Contract.