

MARION CENTRAL SCHOOL DISTRICT
Non-Union Support Staff - 1.0 FTE
EXCELLUS HEALTH DENTAL INSURANCE RATES

2023-24

				DISTRICT CONTRIBUTION*	EMPLOYEE CONTRIBUTION	ANNUAL EMPLOYEE LIMIT	21 PAYROLL DEDUCTIONS
(EI)	BP2 \$15 Co-pay (\$0/\$30/\$50 Rx)						
	Single	\$1,025.28		\$631.69	\$393.59	\$4,723.04	\$224.91
	2 Person	\$2,214.51		\$1,397.92	\$816.59	\$9,799.13	\$466.63
	Family No Spouse	\$2,378.54		\$1,358.17	\$1,020.37	\$12,244.47	\$583.07
	Family	\$2,542.52		\$1,559.38	\$983.14	\$11,797.71	\$561.80
(EU)	BP2 \$20 Co-Pay (\$0/\$30/\$50 Rx)						
	Single	\$1,008.58		\$631.69	\$376.89	\$4,522.64	\$215.36
	2 Person	\$2,178.26		\$1,397.92	\$780.34	\$9,364.13	\$445.91
	Family No Spouse	\$2,338.88		\$1,358.17	\$980.71	\$11,768.55	\$560.41
	Family	\$2,499.52		\$1,559.38	\$940.14	\$11,281.71	\$537.22
(A1)	Healthy Blue \$15 Co-pay (\$5/\$25/\$50 Rx) \$0 generics for Kids						
	Single	\$1,055.48		\$631.69	\$423.79	\$5,085.44	\$242.16
	Employee/Spouse	\$2,335.79		\$1,397.92	\$937.87	\$11,254.49	\$535.93
	Employee/ Child(ren)	\$2,269.31		\$1,358.17	\$911.14	\$10,933.71	\$520.65
	Family	\$2,605.51		\$1,559.38	\$1,046.13	\$12,553.59	\$597.79
(A2)	Healthy Blue \$25 Co-pay (\$5/\$25/\$50 Rx) \$0 generics for Kids						
	Single	\$1,015.21		\$631.69	\$383.52	\$4,602.20	\$219.15
	Employee/Spouse	\$2,252.72		\$1,397.92	\$854.80	\$10,257.65	\$488.46
	Employee/ Child(ren)	\$2,182.61		\$1,358.17	\$824.44	\$9,893.31	\$471.11
	Family	\$2,500.70		\$1,559.38	\$941.32	\$11,295.87	\$537.90
(A3)	Healthy Blue \$30 Co-pay (\$5/\$35/\$70 Rx) \$0 generics for Kids						
	Single	\$953.93		\$631.69	\$322.24	\$3,866.84	\$184.14
	Employee/Spouse	\$2,138.14		\$1,397.92	\$740.22	\$8,882.69	\$422.99
	Employee/ Child(ren)	\$2,051.09		\$1,358.17	\$692.92	\$8,315.07	\$395.96
	Family	\$2,358.56		\$1,559.38	\$799.18	\$9,590.19	\$456.68
(BKW)	Signature High Deductable (HDHP): \$1500/\$3000 Deductible						
		Plan Premium/ month	100 % HSA District cost/year (2023)	100 % HSA District cost/year (2024)	95%	5%	
	Single	\$664.94	\$1,500.00	\$1,800.00	\$631.69	\$ 33.25	\$398.96 \$19.00
	Employee/Spouse	\$1,471.49	\$3,000.00	\$3,600.00	\$1,397.92	\$ 73.57	\$882.89 \$42.04
	Employee/ Child(ren)	\$1,429.65	\$3,000.00	\$3,600.00	\$1,358.17	\$ 71.48	\$857.79 \$40.85
	Family	\$1,641.45	\$3,000.00	\$3,600.00	\$1,559.38	\$ 82.07	\$984.87 \$46.90
	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 95% of the cost of the "Base Plan" premium toward the cost of the Premium of the Health Plan you enroll in.