

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

2023-24

		80% DISTRICT CONTRIBUTION*		20% EMPLOYEE CONTRIBUTION	ANNUAL EMPLOYEE LIMIT	21 PAYROLL DEDUCTIONS
(EI)	BP2 \$15 Co-pay (\$0/\$30/\$50 Rx)					
	Single	\$1,025.28	\$763.14	\$262.14	\$3,145.68	\$149.79
	2 Person	\$2,214.51	\$1,710.51	\$504.00	\$6,048.00	\$288.00
	Family No Spouse	\$2,378.54	\$1,640.87	\$737.67	\$8,852.04	\$421.53
	Family	\$2,542.52	\$1,886.85	\$655.67	\$7,868.04	\$374.67
(EU)	BP2 \$20 Co-Pay (\$0/\$30/\$50 Rx)					
	Single	\$1,008.58	\$763.14	\$245.44	\$2,945.28	\$140.25
	2 Person	\$2,178.26	\$1,710.51	\$467.75	\$5,613.00	\$267.29
	Family No Spouse	\$2,338.88	\$1,640.87	\$698.01	\$8,376.12	\$398.86
	Family	\$2,499.52	\$1,886.85	\$612.67	\$7,352.04	\$350.10
(A1)	Healthy Blue \$15 Co-pay (\$5/\$25/\$50 Rx)					
	\$0 generics for Kids					
	Single	\$1,055.48	\$763.14	\$292.34	\$3,508.08	\$167.05
	Employee/Spouse	\$2,335.79	\$1,710.51	\$625.28	\$7,503.36	\$357.30
	Employee/ Child(ren)	\$2,269.31	\$1,640.87	\$628.44	\$7,541.28	\$359.11
(A2)	Healthy Blue \$25 Co-pay (\$5/\$25/\$50 Rx)					
	\$0 generics for Kids					
	Single	\$1,015.21	\$763.14	\$252.07	\$3,024.84	\$144.04
	Employee/Spouse	\$2,252.72	\$1,710.51	\$542.21	\$6,506.52	\$309.83
	Employee/ Child(ren)	\$2,182.61	\$1,640.87	\$541.74	\$6,500.88	\$309.57
(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	\$763.14	\$190.79	\$2,289.48	\$109.02
	Employee/Spouse	\$2,138.14	\$1,710.51	\$427.63	\$5,131.56	\$244.36
	Employee/ Child(ren)	\$2,051.09	\$1,640.87	\$410.22	\$4,922.64	\$234.41
(BKW)	Signature High Deductible (HDHP): \$1500/\$3000 Deductible					
		Plan Premium/ month	HSA District cost/year (2023)	HSA District cost/year (2024)	District Premium Contribution / month	
	Single	\$664.94	\$1,500.00	\$1,800.00	\$763.14	\$51.80
	Employee/Spouse	\$1,471.49	\$3,000.00	\$3,600.00	\$1,710.51	\$60.98
	Employee/ Child(ren)	\$1,429.65	\$3,000.00	\$3,600.00	\$1,640.87	\$88.78
	Family	\$1,641.45	\$3,000.00	\$3,600.00	\$1,886.85	\$54.60
	Dental Blue Options 1 Modified					
	Single	\$30.69			\$24.55	\$6.14
	Employee/Spouse	\$65.50			\$52.40	\$13.10
	Employee/ Child(ren)	\$76.72			\$61.38	\$15.34
	Family	\$91.37			\$73.10	\$18.27

*The District will Contribute 80% of the cost of the "Base Plan" premium toward the cost of the Premium of the Health Plan you enroll in.