

**MARION CENTRAL SCHOOL DISTRICT**  
**Administrator's Association - Hired on or Before 7/1/21**  
**EXCELLUS HEALTH DENTAL INSURANCE RATES**

2023-24

				80% DISTRICT CONTRIBUTION	20% EMPLOYEE CONTRIBUTION	ANNUAL EMPLOYEE LIMIT	21 PAYROLL DEDUCTIONS
(EI)	<b>BP2 \$15 Co-pay (\$0/\$30/\$50 Rx)</b>						
	Single	\$	1,025.28	\$812.17	\$213.11	\$2,557.32	\$121.78
	2 Person	\$	2,214.51	\$1,802.18	\$412.33	\$4,947.96	\$235.62
	Family No Spouse	\$	2,378.54	\$1,746.09	\$632.45	\$7,589.40	\$361.40
	Family	\$	2,542.52	\$2,000.56	\$541.96	\$6,503.52	\$309.69
(EU)	<b>BP2 \$20 Co-Pay (\$0/\$30/\$50 Rx)</b>						
	Single	\$	1,008.58	\$812.17	\$196.41	\$2,356.92	\$112.23
	2 Person	\$	2,178.26	\$1,802.18	\$376.08	\$4,512.96	\$214.90
	Family No Spouse	\$	2,338.88	\$1,746.09	\$592.79	\$7,113.48	\$338.74
	Family	\$	2,499.52	\$2,000.56	\$498.96	\$5,987.52	\$285.12
(A1)	<b>Healthy Blue \$15 Co-pay (\$5/\$25/\$50 Rx)</b>						
	<b>\$0 generics for Kids</b>						
	Single	\$	1,055.48	\$812.17	\$243.31	\$2,919.72	\$139.03
	Employee/Spouse	\$	2,335.79	\$1,802.18	\$533.61	\$6,403.32	\$304.92
	Employee/ Child(ren)	\$	2,269.31	\$1,746.09	\$523.22	\$6,278.64	\$298.98
(A2)	<b>Healthy Blue \$25 Co-pay (\$5/\$25/\$50 Rx)</b>						
	<b>\$0 generics for Kids</b>			<b>Base Plan</b>			
	Single	\$	1,015.21	\$812.17	\$203.04	\$2,436.48	\$116.02
	Employee/Spouse	\$	2,252.72	\$1,802.18	\$450.54	\$5,406.48	\$257.45
	Employee/ Child(ren)	\$	2,182.61	\$1,746.09	\$436.52	\$5,238.24	\$249.44
(A3)	<b>Healthy Blue \$30 Co-pay (\$5/\$35/\$70 Rx)</b>						
	<b>\$0 generics for Kids</b>						
	Single	\$	953.93	\$812.17	\$141.76	\$1,701.12	\$81.01
	Employee/Spouse	\$	2,138.14	\$1,802.18	\$335.96	\$4,031.52	\$191.98
	Employee/ Child(ren)	\$	2,051.09	\$1,746.09	\$305.00	\$3,660.00	\$174.29
(BKW)	<b>Signature High Deductible (HDHP): \$1500/\$3000 Deductible</b>						
		Plan Premium/ month	100 % HSA District cost/year (2023)	100 % HSA District cost/year (2024)	<b>95%</b>	<b>5%</b>	
	Single	\$ 664.94	\$1,500.00	\$1,800.00	\$631.69	\$ 33.25	\$398.96 <b>\$19.00</b>
	Employee/Spouse	\$ 1,471.49	\$3,000.00	\$3,600.00	\$1,397.92	\$ 73.57	\$882.89 <b>\$42.04</b>
	Employee/ Child(ren)	\$ 1,429.65	\$3,000.00	\$3,600.00	\$1,358.17	\$ 71.48	\$857.79 <b>\$40.85</b>
	<b>Dental Blue Options 1 Modified</b>						
				<b>80%</b>			
	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 80% of the cost of the "Base Plan" premium toward the cost of the Premium of the Health Plan you enroll in.