MVEA

HEALTH & DENTAL INSURANCE RATES and PLAN OPTIONS

<u>2024-2025</u> AB H

AB HMO Driver

| MEDICAL PLAN OPTIONS: | Monthly Premium | Total Annual Premium - 12 Months | Monthly District Amount Funded | Monthly Employee Amount | Annual District Amount Funded | (Annual Deductible - District Funded Amount) | Annual 12 Month District Premium Contribution | Annual 12 Month Employee Cost | MVEA Deduction 20 pays | District Deduction 20 pays |
|--|-------------------------|---|---|---|--|--|--|--|------------------------------|----------------------------------|
| Lumenos Health Savings Account (HSA)\$2500 deductible single / \$5000 deductible 2-person and family plans | | | | | | | | | | |
| Single | \$907.92 | \$10,895.04 | \$883.53 | | \$10,602.36 | -\$1,500.00 | \$9,102.36 | \$1,792.68 | \$89.63 | \$455.12 |
| Two-Person | \$1,815.83 | \$21,789.96 | \$1,767.06 | | \$21,204.72 | -\$3,000.00 | \$18,204.72 | \$3,585.24 | \$179.26 | \$910.24 |
| Family | \$2,451.37 | \$29,416.44 | \$2,385.53 | | \$28,626.39 | -\$3,000.00 | \$25,626.39 | \$3,790.05 | \$189.50 | \$1,281.32 |
| Access Blue AB5 HMO | | \$5 co-pay | | RX: \$10 generic, \$20 Tier II, \$45 Tier III | | | | | | |
| Single 75% | \$1,178.04 | \$14,136.48 | \$883.53 | \$294.51 | \$10,602.36 | | \$10,602.36 | \$3,534.12 | \$176.71 | \$530.12 |
| Two-Person 75% | \$2,356.08 | \$28,272.96 | \$1,767.06 | \$589.02 | \$21,204.72 | | \$21,204.72 | \$7,068.24 | \$353.41 | \$1,060.24 |
| Family 75% | \$3,180.71 | \$38,168.52 | \$2,385.53 | \$795.18 | \$28,626.39 | | \$28,626.39 | \$9,542.13 | \$477.11 | \$1,431.32 |
| Access Blue Site of | A) \$20 / \$40 v | vith \$1000/ \$ | 3000 Deducti | ble (ABSOS wi | th HRA) | | | | | |
| Single | \$897.90 | \$10,774.80 | \$883.53 | | \$10,602.36 | -\$500.00 | \$10,102.36 | \$672.44 | \$33.62 | \$505.12 |
| Two-Person | \$1,795.80 | \$21,549.60 | \$1,767.06 | | \$21,204.72 | -\$1,500.00 | \$19,704.72 | \$1,844.88 | \$92.24 | \$985.24 |
| Family | \$2,424.34 | \$29,092.08 | \$2,385.53 | | \$28,626.39 | -\$1,500.00 | \$27,126.39 | \$1,965.69 | \$98.28 | \$1,356.32 |
| DENTAL PLAN OPTION: | Monthly Premium | Annual Premium - 12 months | Monthly District Amount Funded | Monthly Employee Amount | Annual District Amount Funded | Annual 12 Month Employee Cost | <u>MVEA</u> Employee Deduction 20 pays | District Deduction 20 pays | | 1 |
| Delta Dental: Option 1P | | | | | | | | | | |
| Single 100% | \$52.95 | \$635.40 | \$52.95 | \$0.00 | \$635.40 | \$0.00 | \$0.00 | \$31.77 | | |
| Two-Person 80% | \$102.25 | \$1,227.00 | \$81.80 | \$20.45 | \$981.60 | \$245.40 | \$12.27 | \$49.08 | | |
| Family 80% | \$182.47 | \$2,189.64 | \$145.98 | \$36.49 | \$1,751.71 | \$437.93 | \$21.90 | \$87.59 | | |