



PY2023 Medical Coverage

10/01/2022 - 09/30/2023

Medical Coverage				
	Medical/Rx Coverage	Premium	EE Pays	Per Pay Period
Plan 1100NGS Deductible \$750/\$2250 Office Visit Copay \$25/Physician or \$35/Specialist CoInsurance 80/20 Virtual Visit \$10 ER \$150 Urgent Care/Outpatient ER \$25/\$35 Rx \$10/\$25/\$40	<i>EE only (county pays)</i>	\$994.42	\$0.00	\$0.00
	<i>EE + Child</i>	\$1,351.76	\$357.34	\$178.67
	<i>EE + Children</i>	\$1,780.70	\$786.28	\$393.14
	<i>EE + Spouse</i>	\$2,087.66	\$1,093.24	\$546.62
	<i>EE + Family</i>	\$2,704.06	\$1,709.64	\$854.82
	** Plan does include out-of-network benefits.			
Dental				
	Premium	EE Pays	Per Pay Period	
<i>EE only (county pays)</i>	\$32.32	\$0.00	\$0.00	
<i>EE + Spouse</i>	\$64.66	\$32.34	\$16.17	
<i>EE + Child(ren)</i>	\$89.68	\$57.36	\$28.68	
<i>EE + Family</i>	\$122.02	\$89.70	\$44.85	
Voluntary Vision				
	Premium	EE Pays	Per Pay Period	
<i>EE only</i>	\$6.20	\$6.20	\$3.10	
<i>EE + Spouse</i>	\$11.80	\$11.80	\$5.90	
<i>EE + Child(ren)</i>	\$12.43	\$12.43	\$6.22	
<i>EE + Family</i>	\$18.28	\$18.28	\$9.14	
Employee Basic Term Life Insurance / AD&D				
	Premium	EE Pays	Per Pay Period	
<i>EE only</i>	\$3.52	\$0.00	\$0.00	
Voluntary Dependent Life				
\$10,000 coverage	Premium	EE Pays	Per Pay Period	
<i>Spouse / Child(ren)</i>	\$3.80	\$3.80	\$1.90	

Medical, Dental and Vision with Blue Cross Blue Shield.
 Employee Life and Dependent Life with Voya Financial.