approved this plan

# HAND COUNTY

## Avera Health Plans

September 1, 2019

*Estimated*

**Employer Contribution Based on Paying Plan 1 Single Rate**

### Plan #1 -- $1,000 Deductible 60/40 $2,500 Coinsurance ($3,500 Out-of-Pocket Maximum)

| | Single | Emp/Spouse | Emp/Children | Family |
|---|---|---|---|---|
| Health Insurance Monthly Premium | $ 879.91 | $ 1,759.81 | $ 1,627.82 | $ 2,507.72 |
| Employee Assistance Program (EAP) Amount | $ 2.30 | $ 4.82 | $ 4.61 | $ 6.35 |
| Companion Life Insurance Monthly Premium | $ 4.19 | $ 4.19 | $ 4.19 | $ 4.19 |
| Total Monthly Premium | $ 886.40 | $ 1,768.82 | $ 1,636.62 | $ 2,518.26 |
| Hand County Premium Contribution per month | $ 886.40 | $ 886.40 | $ 886.40 | $ 886.40 |
| **Estimated** Employee Amount per month | **$ -** | **$ 882.42** | **$ 750.22** | **$ 1,631.86** |

### Plan #2 -- $2,000 Deductible 70/30 $2,500 Coinsurance ($4,500 Out-of-Pocket Maximum)

| | Single | Emp/Spouse | Emp/Children | Family |
|---|---|---|---|---|
| Health Insurance Monthly Premium | $ 838.10 | $ 1,676.19 | $ 1,550.48 | $ 2,388.58 |
| Employee Assistance Program (EAP) Amount | $ 2.30 | $ 4.82 | $ 4.61 | $ 6.35 |
| Companion Life Insurance Monthly Premium | $ 4.19 | $ 4.19 | $ 4.19 | $ 4.19 |
| Total Monthly Premium | $ 844.59 | $ 1,685.20 | $ 1,559.28 | $ 2,399.12 |
| Hand County Premium Contribution per month | $ 844.59 | $ 886.40 | $ 886.40 | $ 886.40 |
| **Estimated** Employee Amount per month | **$ -** | **$ 798.80** | **$ 672.88** | **$ 1,512.72** |

### Plan #3 (H S A) -- $4,000 Deductible 100/0 $0 Coinsurance ($4,000 Out-Of-Pocket Maximum)

| | Single | Emp/Spouse | Emp/Children | Family |
|---|---|---|---|---|
| Health Insurance Monthly Premium | $ 711.87 | $ 1,423.74 | $ 1,316.96 | $ 2,028.82 |
| Employee Assistance Program (EAP) Amount | $ 2.30 | $ 4.82 | $ 4.61 | $ 6.35 |
| Companion Life Insurance Monthly Premium | $ 4.19 | $ 4.19 | $ 4.19 | $ 4.19 |
| Total Monthly Premium | $ 718.36 | $ 1,432.75 | $ 1,325.76 | $ 2,039.36 |
| Hand County Premium Contribution per month | $ 718.36 | $ 718.36 | $ 718.36 | $ 718.36 |
| **Hand County Contribution to Savings Account** | **$ 168.04** | **$ 168.04** | **$ 168.04** | **$ 168.04** |
| Total Contribution by Hand County per month | $ 886.40 | $ 886.40 | $ 886.40 | $ 886.40 |
| **Estimated** Employee Amount per month | **$ -** | **$ 714.39** | **$ 607.40** | **$ 1,321.00** |

# HAND COUNTY

## Avera Health Plans

September 1, 2019

*Estimated*

**Employer Contribution Based on Paying Plan 2 Single Rate**

### Plan #1 -- $1,000 Deductible 60/40 $2,500 Coinsurance ($3,500 Out-of-Pocket Maximum)

| | Single | Emp/Spouse | Emp/Children | Family |
|---|---|---|---|---|
| Health Insurance Monthly Premium | $ 879.91 | $ 1,759.81 | $ 1,627.82 | $ 2,507.72 |
| Employee Assistance Program (EAP) Amount | $ 2.30 | $ 4.82 | $ 4.61 | $ 6.35 |
| Companion Life Insurance Monthly Premium | $ 4.19 | $ 4.19 | $ 4.19 | $ 4.19 |
| Total Monthly Premium | $ 886.40 | $ 1,768.82 | $ 1,636.62 | $ 2,518.26 |
| Hand County Premium Contribution per month | $ 844.59 | $ 844.59 | $ 844.59 | $ 844.59 |
| **Estimated** Employee Amount per month | **$ 41.81** | **$ 924.23** | **$ 792.03** | **$ 1,673.67** |

### Plan #2 -- $2,000 Deductible 70/30 $2,500 Coinsurance ($4,500 Out-of-Pocket Maximum)

| | Single | Emp/Spouse | Emp/Children | Family |
|---|---|---|---|---|
| Health Insurance Monthly Premium | $ 838.10 | $ 1,676.19 | $ 1,550.48 | $ 2,388.58 |
| Employee Assistance Program (EAP) Amount | $ 2.30 | $ 4.82 | $ 4.61 | $ 6.35 |
| Companion Life Insurance Monthly Premium | $ 4.19 | $ 4.19 | $ 4.19 | $ 4.19 |
| Total Monthly Premium | $ 844.59 | $ 1,685.20 | $ 1,559.28 | $ 2,399.12 |
| Hand County Premium Contribution per month | $ 844.59 | $ 844.59 | $ 844.59 | $ 844.59 |
| **Estimated** Employee Amount per month | **$ -** | **$ 840.61** | **$ 714.69** | **$ 1,554.53** |

### Plan #3 (H S A) -- $4,000 Deductible 100/0 $0 Coinsurance ($4,000 Out-Of-Pocket Maximum)

| | Single | Emp/Spouse | Emp/Children | Family |
|---|---|---|---|---|
| Health Insurance Monthly Premium | $ 711.87 | $ 1,423.74 | $ 1,316.96 | $ 2,028.82 |
| Employee Assistance Program (EAP) Amount | $ 2.30 | $ 4.82 | $ 4.61 | $ 6.35 |
| Companion Life Insurance Monthly Premium | $ 4.19 | $ 4.19 | $ 4.19 | $ 4.19 |
| Total Monthly Premium | $ 718.36 | $ 1,432.75 | $ 1,325.76 | $ 2,039.36 |
| Hand County Premium Contribution per month | $ 718.36 | $ 718.36 | $ 718.36 | $ 718.36 |
| **Hand County Contribution to Savings Account** | **$ 126.23** | **$ 126.23** | **$ 126.23** | **$ 126.23** |
| Total Contribution by Hand County per month | $ 844.59 | $ 844.59 | $ 844.59 | $ 844.59 |
| **Estimated** Employee Amount per month | **$ -** | **$ 714.39** | **$ 607.40** | **$ 1,321.00** |