

HAND COUNTY

Avera Health Plans

September 1, 2022

*SAMPLE - Based on Same Plans and Employer Paying the Single Rate of Plan 1

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

	<u>Single</u>	<u>Emp/Spouse</u>	<u>Emp/Children</u>	<u>Family</u>
Total Monthly Premium	\$ 837.07	\$ 1,640.81	\$ 1,520.24	\$ 2,323.98
Hand County Premium Contribution per month	\$ 837.07	\$ 837.07	\$ 837.07	\$ 837.07
Estimated Employee Amount per month	\$ -	\$ 803.74	\$ 683.17	\$ 1,486.91

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

	<u>Single</u>	<u>Emp/Spouse</u>	<u>Emp/Children</u>	<u>Family</u>
Total Monthly Premium	\$ 784.14	\$ 1,535.95	\$ 1,423.15	\$ 2,174.97
Hand County Premium Contribution per month	\$ 784.14	\$ 837.07	\$ 837.07	\$ 837.07
Estimated Employee Amount per month	\$ -	\$ 698.88	\$ 586.08	\$ 1,337.90

Plan #3 - (H S A) -- \$4,500 Deductible 100/0 \$0 Coinsurance (\$4,500 Out-Of-Pocket Maximum)

	<u>Single</u>	<u>Emp/Spouse</u>	<u>Emp/Children</u>	<u>Family</u>
Total Monthly Premium	\$ 623.67	\$ 1,218.01	\$ 1,128.85	\$ 1,723.19
Hand County Premium Contribution per month	\$ 623.67	\$ 623.67	\$ 623.67	\$ 623.67
Hand County Contribution to Savings Account	\$ 213.40	\$ 213.40	\$ 213.40	\$ 213.40
Total Contribution by Hand County per month	\$ 837.07	\$ 837.07	\$ 837.07	\$ 837.07
Estimated Employee Amount per month	\$ -	\$ 594.34	\$ 505.18	\$ 1,099.52