

#### **Copayment plans**

	\$5 C	opaymer	nt Plan			\$15 C	Copayme	nt Plan		\$20 Copayment Plan					
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	
<30	\$547	\$1,527	\$1,502	\$2,125	<30	\$440	\$1,229	\$1,209	\$1,710	<30	\$400	\$1,118	\$1,099	\$1,556	
30–39	\$604	\$1,641	\$1,544	\$2,349	30–39	\$486	\$1,321	\$1,243	\$1,891	30–3	<b>9</b> \$442	\$1,202	\$1,130	\$1,720	
40–49	\$779	\$1,792	\$1,480	\$2,365	40–49	\$627	\$1,443	\$1,192	\$1,905	40-4	<b>9</b> \$571	\$1,313	\$1,085	\$1,733	
50-54	\$1,014	\$2,108	\$1,672	\$2,694	50-54	\$817	\$1,698	\$1,347	\$2,170	50-5	<b>4</b> \$743	\$1,544	\$1,225	\$1,974	
55–59	\$1,282	\$2,692	\$1,916	\$3,096	55–59	\$1,032	\$2,167	\$1,543	\$2,492	55–5	<b>9</b> \$939	\$1,972	\$1,404	\$2,268	
60-64	\$1,580	\$3,002	\$2,113	\$3,504	60–64	\$1,273	\$2,418	\$1,702	\$2,823	60–6	<b>4</b> \$1,158	\$2,199	\$1,549	\$2,567	
65+	\$1,792	\$3,873	\$2,694	\$4,258	65+	\$1,443	\$3,119	\$2,170	\$3,429	65+	\$1,313	\$2,838	\$1,974	\$3,120	
	<b>A A A A</b>														

	\$30 (	Copayme	nt Plan			\$50 C	Copayme	nt Plan	
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C
<30	\$366	\$1,023	\$1,006	\$1,424	<30	\$335	\$936	\$920	\$1,303
30–39	\$405	\$1,100	\$1,035	\$1,575	30–39	\$370	\$1,006	\$946	\$1,440
40–49	\$522	\$1,201	\$992	\$1,585	40–49	\$478	\$1,099	\$908	\$1,450
50-54	\$680	\$1,413	\$1,121	\$1,806	50-54	\$622	\$1,293	\$1,026	\$1,653
55–59	\$859	\$1,804	\$1,284	\$2,075	55–59	\$786	\$1,650	\$1,175	\$1,898
60–64	\$1,060	\$2,013	\$1,418	\$2,350	60–64	\$969	\$1,841	\$1,296	\$2,149
65+	\$1,202	\$2,597	\$1,807	\$2,855	65+	\$1,099	\$2,375	\$1,652	\$2,611

#### **Deductible HMO plans**

\$3	30/\$1,000	Deductib	ole HMO F	Plan	\$	30/\$1,500	Deductik	ole HMO F	Plan	\$40/\$2,000 Deductible HMO Plan					
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	
<30	\$304	\$833	\$688	\$1,004	<30	\$279	\$764	\$631	\$920	<30	\$249	\$682	\$564	\$822	
30–39	\$359	\$960	\$725	\$1,124	30–39	\$329	\$880	\$664	\$1,030	30–39	\$294	\$786	\$594	\$920	
40–49	\$486	\$992	\$760	\$1,260	40–49	\$445	\$908	\$696	\$1,154	40–49	\$398	\$812	\$623	\$1,032	
50-54	\$649	\$1,347	\$889	\$1,491	50–54	\$595	\$1,235	\$815	\$1,367	50-54	\$532	\$1,104	\$728	\$1,222	
55–59	\$806	\$1,676	\$1,045	\$1,837	55–59	\$738	\$1,535	\$957	\$1,683	55–59	\$660	\$1,372	\$856	\$1,504	
60–64	\$1,033	\$2,067	\$1,277	\$2,287	60–64	\$946	\$1,893	\$1,169	\$2,095	60–64	\$846	\$1,693	\$1,046	\$1,873	
65+	\$1,253	\$2,856	\$1,487	\$2,996	65+	\$1,147	\$2,616	\$1,361	\$2,744	65+	\$1,026	\$2,339	\$1,218	\$2,454	

RATES APPLY TO GROUPS WITH GRANDFATHERED PLANS Grandfathered Plans are not available to New Groups Existing Groups are not allowed to add Grandfathered Plans Existing Groups are not allowed to change a current Grandfather Plan to a different Grandfathered Plan

Employee/Dependent Codes	EE only = eligible employee only (subscriber) EE+S = eligible employee plus spouse (subscriber and spouse)
Age is based on employee/subscriber	EE+C = eligible employee plus child(ren) (subscriber and child[ren] without spouse) EE+S+C = eligible employee plus spouse and child(ren) (subscriber and spouse and child[ren])

For effective dates January 1–December 1, 2023



#### HSA-qualified deductible HMO plans

\$0/\$2,	000 Dedu	ctible HN	IO Plan w	vith HSA	\$0/\$3,000 Deductible HMO Plan with HSA						\$30/\$3,000 Deductible HMO Plan with HSA					
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C		
<30	\$285	\$780	\$645	\$940	<30	\$219	\$601	\$496	\$724	<30	\$194	\$532	\$439	\$641		
30–39	\$336	\$898	\$678	\$1,051	30–39	\$259	\$693	\$523	\$811	30–39	\$229	\$613	\$463	\$718		
40-49	\$455	\$928	\$711	\$1,179	40-49	\$351	\$716	\$549	\$910	40-49	\$310	\$633	\$485	\$804		
50-54	\$607	\$1,260	\$831	\$1,395	50-54	\$468	\$972	\$641	\$1,076	50-54	\$414	\$860	\$567	\$952		
55–59	\$754	\$1,568	\$977	\$1,719	55-59	\$581	\$1,208	\$753	\$1,324	55–59	\$514	\$1,069	\$666	\$1,172		
60–64	\$966	\$1,933	\$1,194	\$2,139	60-64	\$745	\$1,491	\$921	\$1,650	60–64	\$659	\$1,319	\$815	\$1,459		
65+	\$1,172	\$2,672	\$1,391	\$2,803	65+	\$904	\$2,061	\$1,073	\$2,162	65+	\$799	\$1,822	\$948	\$1,911		

#### Deductible HMO plans with HRA plans

\$30/\$1	,500 Dedi	uctible HI	MO Plan v	with HRA	\$30/\$2	,500 Dedi	uctible HI	MO Plan v	vith HRA
<b>A</b> <i>ao</i>	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C
Age	EE Only	EETS	EETC	EETOTO	Age	EE Only	EETS	EETC	EETOTO
<30	\$278	\$761	\$629	\$917	<30	\$247	\$676	\$559	\$814
30–39	\$328	\$877	\$663	\$1,027	30–39	\$291	\$778	\$588	\$911
40-49	\$444	\$906	\$695	\$1,151	40-49	\$394	\$804	\$616	\$1,021
50-54	\$593	\$1,231	\$812	\$1,363	50–54	\$526	\$1,092	\$720	\$1,209
55–59	\$736	\$1,531	\$954	\$1,678	55–59	\$653	\$1,358	\$847	\$1,489
60-64	\$944	\$1,889	\$1,167	\$2,090	60–64	\$837	\$1,675	\$1,035	\$1,853
65+	\$1,145	\$2,610	\$1,359	\$2,738	65+	\$1,015	\$2,315	\$1,205	\$2,428

RATES APPLY TO GROUPS WITH GRANDFATHERED PLANS Grandfathered Plans are not available to New Groups Existing Groups are not allowed to add Grandfathered Plans Existing Groups are not allowed to change a current Grandfather Plan to a different Grandfathered Plan

Employee/Dependent Codes	EE only = eligible employee only (subscriber) EE+S = eligible employee plus spouse (subscriber and spouse)
Age is based on employee/subscriber	EE+C = eligible employee plus child(ren) (subscriber and child[ren] without spouse) EE+S+C = eligible employee plus spouse and child(ren) (subscriber and spouse and child[ren])



#### **Copayment plans**

	\$5 C	opaymer	nt Plan			\$15 C	opayme	nt Plan		\$20 Copayment Plan					
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	
<30	\$577	\$1,612	\$1,585	\$2,243	<30	\$465	\$1,298	\$1,277	\$1,806	<30	\$423	\$1,181	\$1,161	\$1,643	
30–39	\$637	\$1,732	\$1,629	\$2,479	30–39	\$513	\$1,394	\$1,312	\$1,996	30–39	\$467	\$1,269	\$1,194	\$1,816	
40–49	\$822	\$1,892	\$1,562	\$2,497	40–49	\$662	\$1,523	\$1,258	\$2,010	40-49	\$602	\$1,386	\$1,144	\$1,829	
50-54	\$1,070	\$2,224	\$1,765	\$2,843	50-54	\$862	\$1,792	\$1,422	\$2,290	50-54	\$784	\$1,630	\$1,293	\$2,083	
55–59	\$1,353	\$2,841	\$2,022	\$3,267	55–59	\$1,089	\$2,287	\$1,628	\$2,630	55-59	\$991	\$2,081	\$1,481	\$2,393	
60–64	\$1,668	\$3,169	\$2,231	\$3,699	60–64	\$1,343	\$2,551	\$1,796	\$2,978	60-64	\$1,222	\$2,321	\$1,634	\$2,710	
65+	\$1,892	\$4,089	\$2,844	\$4,495	65+	\$1,524	\$3,293	\$2,291	\$3,620	65+	\$1,386	\$2,995	\$2,084	\$3,292	
	<b>*</b> 00 (														

	\$30 (	Copayme	nt Plan				\$50 C	Copayme	nt Plan	
Age	EE only	EE+S	EE+C	EE+S+C		Age	EE only	EE+S	EE+C	EE+S+C
<30	\$387	\$1,081	\$1,063	\$1,504		<30	\$354	\$988	\$972	\$1,375
30–39	\$427	\$1,161	\$1,092	\$1,662	30	0–39	\$391	\$1,062	\$999	\$1,520
40–49	\$551	\$1,268	\$1,047	\$1,674	40	0–49	\$504	\$1,160	\$958	\$1,531
50-54	\$718	\$1,492	\$1,184	\$1,907	50	0–54	\$656	\$1,364	\$1,082	\$1,744
55–59	\$907	\$1,905	\$1,356	\$2,191	5	5–59	\$829	\$1,741	\$1,239	\$2,002
60-64	\$1,118	\$2,124	\$1,495	\$2,480	60	0–64	\$1,023	\$1,943	\$1,368	\$2,268
65+	\$1,268	\$2,741	\$1,907	\$3,013	(	65+	\$1,160	\$2,507	\$1,744	\$2,756

#### **Deductible HMO plans**

\$3	30/\$1,000	Deductib	ole HMO F	Plan	\$30/\$1,500 Deductible HMO Plan						\$40/\$2,000 Deductible HMO Plan					
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C		
<30	\$321	\$879	\$727	\$1,059	<30	\$294	\$805	\$666	\$970	<30	\$263	\$720	\$595	\$868		
30–39	\$379	\$1,014	\$765	\$1,187	30–39	\$347	\$928	\$701	\$1,087	30–39	\$311	\$831	\$627	\$973		
40–49	\$513	\$1,047	\$802	\$1,330	40-49	\$470	\$959	\$735	\$1,218	40-49	\$420	\$857	\$657	\$1,089		
50–54	\$685	\$1,422	\$938	\$1,574	50-54	\$628	\$1,303	\$860	\$1,442	50-54	\$561	\$1,165	\$768	\$1,290		
55–59	\$851	\$1,769	\$1,103	\$1,939	55–59	\$779	\$1,620	\$1,010	\$1,776	55–59	\$697	\$1,449	\$904	\$1,588		
60–64	\$1,090	\$2,182	\$1,347	\$2,414	60–64	\$999	\$1,999	\$1,235	\$2,212	60-64	\$893	\$1,787	\$1,104	\$1,977		
65+	\$1,322	\$3,015	\$1,569	\$3,163	65+	\$1,211	\$2,761	\$1,437	\$2,896	65+	\$1,083	\$2,469	\$1,285	\$2,590		

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For effective dates January 1–December 1, 2023



#### HSA-qualified deductible HMO plans

\$0/\$2,	000 Dedu	ctible HN	10 Plan w	vith HSA	\$0/\$3,000 Deductible HMO Plan with HSA						\$30/\$3,000 Deductible HMO Plan with HSA						
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C			
<30	\$300	\$822	\$680	\$991	<30	\$232	\$635	\$525	\$765	<30	\$205	\$561	\$464	\$676			
30–39	\$355	\$949	\$716	\$1,111	30–39	\$274	\$732	\$553	\$857	30–39	\$242	\$647	\$489	\$757			
40-49	\$480	\$980	\$751	\$1,245	40-49	\$370	\$755	\$579	\$959	40-49	\$327	\$668	\$512	\$849			
50-54	\$641	\$1,331	\$878	\$1,473	50-54	\$494	\$1,026	\$677	\$1,136	50-54	\$437	\$908	\$599	\$1,005			
55–59	\$796	\$1,655	\$1,032	\$1,814	55-59	\$614	\$1,276	\$796	\$1,399	55–59	\$543	\$1,129	\$704	\$1,238			
60–64	\$1,020	\$2,041	\$1,261	\$2,258	60-64	\$786	\$1,573	\$972	\$1,741	60–64	\$696	\$1,393	\$860	\$1,541			
65+	\$1,237	\$2,820	\$1,468	\$2,958	65+	\$954	\$2,175	\$1,132	\$2,282	65+	\$844	\$1,924	\$1,002	\$2,018			

#### Deductible HMO plans with HRA plans

\$30/\$1	,500 Dedi	uctible HI	MO Plan v	with HRA	\$30/\$2	2,500 Ded	uctible HI	MO Plan v	vith HRA
		== . 0	==.0	==			== . 0	==.0	==
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C
<30	\$293	\$803	\$664	\$968	<30	\$260	\$713	\$589	\$859
30–39	\$347	\$927	\$700	\$1,085	30–39	\$307	\$821	\$620	\$961
40-49	\$469	\$957	\$733	\$1,216	40-49	\$416	\$849	\$651	\$1,079
50-54	\$626	\$1,300	\$857	\$1,439	50-54	\$555	\$1,153	\$760	\$1,276
55–59	\$777	\$1,616	\$1,007	\$1,771	55–59	\$689	\$1,433	\$893	\$1,571
60-64	\$996	\$1,993	\$1,231	\$2,205	60-64	\$884	\$1,769	\$1,093	\$1,957
65+	\$1,208	\$2,755	\$1,434	\$2,890	65+	\$1,072	\$2,444	\$1,272	\$2,564

RATES APPLY TO GROUPS WITH GRANDFATHERED PLANS Grandfathered Plans are not available to New Groups Existing Groups are not allowed to add Grandfathered Plans Existing Groups are not allowed to change a current Grandfather Plan to a different Grandfathered Plan

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Age is based on employee/subscriber	EE+C = eligible employee plus child(ren) (subscriber and child[ren] without spouse) EE+S+C = eligible employee plus spouse and child(ren) (subscriber and spouse and child[ren])



#### **Copayment plans**

	\$5 C	opaymer	nt Plan			\$15 C	Copayme	nt Plan		\$20 Copayment Plan					
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	
<30	\$607	\$1,696	\$1,668	\$2,360	<30	\$489	\$1,366	\$1,343	\$1,901	<30	\$445	\$1,243	\$1,222	\$1,730	
30–39	\$671	\$1,823	\$1,715	\$2,609	30–39	\$540	\$1,468	\$1,381	\$2,101	30-3	\$492	\$1,336	\$1,257	\$1,912	
40-49	\$866	\$1,992	\$1,645	\$2,629	40-49	\$697	\$1,604	\$1,324	\$2,117	40-4	\$634	\$1,459	\$1,205	\$1,925	
50-54	\$1,127	\$2,342	\$1,858	\$2,994	50–54	\$907	\$1,886	\$1,496	\$2,411	50-54	\$825	\$1,715	\$1,361	\$2,192	
55–59	\$1,424	\$2,990	\$2,129	\$3,439	55–59	\$1,147	\$2,408	\$1,714	\$2,770	55-5	\$1,043	\$2,190	\$1,559	\$2,519	
60–64	\$1,756	\$3,336	\$2,349	\$3,894	60–64	\$1,414	\$2,686	\$1,891	\$3,136	60–64	\$1,286	\$2,443	\$1,720	\$2,852	
65+	\$1,992	\$4,304	\$2,994	\$4,731	65+	\$1,604	\$3,466	\$2,411	\$3,810	65+	\$1,459	\$3,153	\$2,193	\$3,466	

	\$30 (	Copayme	nt Plan		\$50 Copayment Plan						
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C		
<30	\$407	\$1,137	\$1,118	\$1,582	<30	\$372	\$1,040	\$1,022	\$1,447		
30–39	\$450	\$1,222	\$1,150	\$1,749	30–39	\$411	\$1,117	\$1,051	\$1,599		
40–49	\$580	\$1,335	\$1,102	\$1,762	40–49	\$531	\$1,221	\$1,009	\$1,611		
50-54	\$755	\$1,570	\$1,245	\$2,007	50–54	\$691	\$1,436	\$1,139	\$1,835		
55–59	\$955	\$2,005	\$1,427	\$2,306	55–59	\$873	\$1,833	\$1,305	\$2,108		
60–64	\$1,177	\$2,236	\$1,574	\$2,610	60–64	\$1,077	\$2,045	\$1,440	\$2,387		
65+	\$1,335	\$2,885	\$2,007	\$3,172	65+	\$1,221	\$2,639	\$1,836	\$2,901		

#### **Deductible HMO plans**

\$3	30/\$1,000	Deductib	le HMO F	Plan	\$	30/\$1,500	Deductik	ole HMO F	Plan	\$40/\$2,000 Deductible HMO Plan					
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	
<30	\$338	\$926	\$765	\$1,116	<30	\$310	\$848	\$701	\$1,022	<30	\$277	\$758	\$627	\$913	
30–39	\$399	\$1,067	\$806	\$1,249	30–39	\$366	\$978	\$739	\$1,145	30–39	\$327	\$874	\$660	\$1,023	
40–49	\$540	\$1,102	\$845	\$1,400	40–49	\$495	\$1,010	\$774	\$1,283	40-49	\$442	\$902	\$691	\$1,146	
50-54	\$721	\$1,497	\$987	\$1,657	50-54	\$661	\$1,372	\$905	\$1,519	50-54	\$591	\$1,227	\$809	\$1,358	
55–59	\$895	\$1,861	\$1,160	\$2,040	55–59	\$820	\$1,705	\$1,063	\$1,869	55–59	\$733	\$1,525	\$950	\$1,672	
60–64	\$1,147	\$2,296	\$1,418	\$2,541	60-64	\$1,051	\$2,103	\$1,299	\$2,327	60–64	\$940	\$1,881	\$1,162	\$2,081	
65+	\$1,392	\$3,174	\$1,652	\$3,330	65+	\$1,275	\$2,907	\$1,513	\$3,050	65+	\$1,140	\$2,599	\$1,353	\$2,726	

RATES APPLY TO GROUPS WITH GRANDFATHERED PLANS Grandfathered Plans are not available to New Groups Existing Groups are not allowed to add Grandfathered Plans Existing Groups are not allowed to change a current Grandfather Plan to a different Grandfathered Plan

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Age is based on employee/subscriber	EE+C = eligible employee plus child(ren) (subscriber and child[ren] without spouse) EE+S+C = eligible employee plus spouse and child(ren) (subscriber and spouse and child[ren])

For effective dates January 1–December 1, 2023



For effective dates January 1–December 1, 2023

# **Grandfathered Medical Plan Rates**

#### HSA-qualified deductible HMO plans

\$0/\$2,	000 Dedu	ctible HM	IO Plan w	vith HSA	\$0/\$3	,000 Dedu	ctible HM	IO Plan w	vith HSA	\$30/\$3,000 Deductible HMO Plan with HSA						
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C		
<30	\$316	\$866	\$716	\$1,043	<30	\$244	\$668	\$552	\$805	<30	\$216	\$591	\$489	\$712		
30–39	\$374	\$999	\$755	\$1,169	30–39	\$288	\$770	\$581	\$901	30–39	\$255	\$681	\$515	\$797		
40-49	\$505	\$1,031	\$790	\$1,310	40-49	\$390	\$795	\$610	\$1,010	40–49	\$345	\$704	\$539	\$894		
50-54	\$675	\$1,401	\$924	\$1,551	50-54	\$520	\$1,080	\$712	\$1,196	50–54	\$460	\$955	\$630	\$1,057		
55–59	\$838	\$1,742	\$1,086	\$1,910	55–59	\$646	\$1,343	\$837	\$1,472	55–59	\$571	\$1,188	\$740	\$1,302		
60–64	\$1,073	\$2,148	\$1,326	\$2,377	60-64	\$828	\$1,657	\$1,023	\$1,833	60–64	\$732	\$1,465	\$905	\$1,621		
65+	\$1,302	\$2,969	\$1,545	\$3,115	65+	\$1,004	\$2,289	\$1,192	\$2,401	65+	\$888	\$2,025	\$1,054	\$2,124		

#### Deductible HMO plans with HRA plans

\$30/\$1	,500 Dedi	uctible HI	MO Plan v	with HRA	\$30/\$2	,500 Dedi	uctible HI	MO Plan v	vith HRA
		== . 0	55.0	==			==	==	==
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C
<30	\$309	\$846	\$699	\$1,019	<30	\$274	\$750	\$620	\$904
30–39	\$365	\$975	\$737	\$1,141	30–39	\$324	\$865	\$654	\$1,013
40–49	\$493	\$1,007	\$771	\$1,279	40-49	\$438	\$894	\$685	\$1,136
50-54	\$659	\$1,368	\$902	\$1,514	50-54	\$585	\$1,214	\$801	\$1,344
55–59	\$818	\$1,701	\$1,061	\$1,865	55–59	\$726	\$1,509	\$941	\$1,654
60-64	\$1,049	\$2,099	\$1,297	\$2,322	60-64	\$930	\$1,861	\$1,150	\$2,059
65+	\$1,272	\$2,900	\$1,510	\$3,042	65+	\$1,128	\$2,572	\$1,339	\$2,698

RATES APPLY TO GROUPS WITH GRANDFATHERED PLANS Grandfathered Plans are not available to New Groups Existing Groups are not allowed to add Grandfathered Plans Existing Groups are not allowed to change a current Grandfather Plan to a different Grandfathered Plan

Employee/Dependent Codes	EE only = eligible employee only (subscriber) EE+S = eligible employee plus spouse (subscriber and spouse) EE+C = eligible employee plus child(ren) (subscriber and child[ren] without spouse)
Age is based on employee/subscriber	EE+S+C = eligible employee plus child(ren) (subscriber and child(ren) (subscriber and spouse and child[ren])



#### **Copayment plans**

	\$5 C	opaymer	nt Plan		\$15 Copayment Plan						\$20 Copayment Plan					
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C		
<30	\$638	\$1,782	\$1,752	\$2,480	<30	\$514	\$1,435	\$1,411	\$1,997	<30	\$467	\$1,305	\$1,283	\$1,816		
30–39	\$705	\$1,915	\$1,801	\$2,741	30–39	\$567	\$1,541	\$1,450	\$2,206	30–3	<b>9</b> \$516	\$1,402	\$1,319	\$2,007		
40–49	\$909	\$2,091	\$1,727	\$2,760	40–49	\$732	\$1,684	\$1,391	\$2,222	40-4	<b>9</b> \$666	\$1,532	\$1,265	\$2,022		
50-54	\$1,183	\$2,459	\$1,951	\$3,143	50-54	\$953	\$1,981	\$1,571	\$2,532	50-5	4 \$867	\$1,802	\$1,430	\$2,303		
55–59	\$1,495	\$3,139	\$2,235	\$3,610	55–59	\$1,204	\$2,528	\$1,800	\$2,908	55–5	<b>9</b> \$1,095	\$2,300	\$1,637	\$2,645		
60–64	\$1,844	\$3,503	\$2,466	\$4,089	60–64	\$1,485	\$2,821	\$1,986	\$3,293	60–6	<b>4</b> \$1,351	\$2,566	\$1,807	\$2,995		
65+	\$2,091	\$4,519	\$3,144	\$4,968	65+	\$1,684	\$3,639	\$2,532	\$4,000	65+	\$1,532	\$3,311	\$2,303	\$3,640		
	¢20.(		nt Dian		¢50 Concurrent Dion											

	\$30 C	Copayme	nt Plan		\$50 Copayment Plan					
Ago	EE only	EE+S	EE+C	EE+S+C	<b>A</b> .co	EE only	EE+S	EE+C	EE+S+C	
Age	EE Only	EETS	EETC		Age	EE Only	EETS	EETC	-	
<30	\$427	\$1,194	\$1,174	\$1,662	<30	\$391	\$1,092	\$1,074	\$1,520	
30–39	\$472	\$1,283	\$1,207	\$1,837	30–39	\$432	\$1,174	\$1,104	\$1,680	
40–49	\$609	\$1,402	\$1,157	\$1,850	40–49	\$557	\$1,282	\$1,059	\$1,692	
50-54	\$793	\$1,648	\$1,308	\$2,107	50-54	\$725	\$1,507	\$1,196	\$1,926	
55–59	\$1,002	\$2,105	\$1,498	\$2,421	55–59	\$917	\$1,925	\$1,371	\$2,214	
60–64	\$1,236	\$2,348	\$1,653	\$2,741	60–64	\$1,130	\$2,147	\$1,511	\$2,506	
65+	\$1,402	\$3,030	\$2,108	\$3,331	65+	\$1,282	\$2,771	\$1,927	\$3,046	

#### **Deductible HMO plans**

\$3	30/\$1,000	Deductib	ole HMO F	Plan	\$3	30/\$1,500	Deductik	ole HMO F	Plan	\$40/\$2,000 Deductible HMO Plan					
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	
<30	\$355	\$972	\$803	\$1,171	<30	\$325	\$890	\$736	\$1,072	<30	\$291	\$796	\$658	\$959	
30–39	\$419	\$1,120	\$846	\$1,311	30–39	\$384	\$1,026	\$775	\$1,201	30–39	\$343	\$917	\$693	\$1,074	
40–49	\$567	\$1,157	\$887	\$1,470	40-49	\$519	\$1,060	\$812	\$1,347	40–49	\$464	\$947	\$726	\$1,203	
50-54	\$757	\$1,572	\$1,037	\$1,740	50-54	\$694	\$1,440	\$950	\$1,594	50-54	\$620	\$1,287	\$849	\$1,425	
55–59	\$940	\$1,955	\$1,219	\$2,143	55–59	\$861	\$1,791	\$1,116	\$1,963	55–59	\$770	\$1,601	\$998	\$1,755	
60-64	\$1,205	\$2,411	\$1,489	\$2,668	60-64	\$1,104	\$2,209	\$1,365	\$2,444	60–64	\$987	\$1,975	\$1,220	\$2,185	
65+	\$1,461	\$3,332	\$1,734	\$3,495	65+	\$1,339	\$3,053	\$1,589	\$3,203	65+	\$1,197	\$2,729	\$1,421	\$2,863	

RATES APPLY TO GROUPS WITH GRANDFATHERED PLANS Grandfathered Plans are not available to New Groups Existing Groups are not allowed to add Grandfathered Plans Existing Groups are not allowed to change a current Grandfather Plan to a different Grandfathered Plan

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And is based on smalleness (subscriber	EE+C = eligible employee plus child(ren) (subscriber and child[ren] without spouse)
Age is based on employee/subscriber	EE+S+C = eligible employee plus spouse and child(ren) (subscriber and spouse and child[ren])

For effective dates January 1–December 1, 2023



#### HSA-qualified deductible HMO plans

\$0/\$2,	000 Dedu	ctible HN	10 Plan w	vith HSA	\$0/\$3,000 Deductible HMO Plan with HSA					\$30/\$3,000 Deductible HMO Plan with HSA					
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	
<30	\$332	\$909	\$752	\$1,095	<30	\$256	\$701	\$580	\$845	<30	\$227	\$621	\$513	\$748	
30–39	\$392	\$1,048	\$792	\$1,227	30–39	\$302	\$808	\$610	\$946	30–39	\$268	\$716	\$541	\$838	
40-49	\$530	\$1,082	\$829	\$1,375	40-49	\$409	\$835	\$640	\$1,061	40–49	\$362	\$739	\$566	\$939	
50-54	\$708	\$1,470	\$970	\$1,627	50-54	\$546	\$1,134	\$748	\$1,255	50-54	\$483	\$1,003	\$662	\$1,110	
55–59	\$880	\$1,829	\$1,141	\$2,005	55–59	\$678	\$1,410	\$879	\$1,546	55–59	\$600	\$1,248	\$778	\$1,368	
60–64	\$1,127	\$2,256	\$1,393	\$2,496	60–64	\$869	\$1,739	\$1,074	\$1,924	60–64	\$769	\$1,539	\$951	\$1,703	
65+	\$1,367	\$3,117	\$1,622	\$3,270	65+	\$1,054	\$2,403	\$1,251	\$2,521	65+	\$933	\$2,127	\$1,107	\$2,231	

#### Deductible HMO plans with HRA plans

\$30/\$1	,500 Dedi	uctible HI	MO Plan v	with HRA	\$30/\$2	,500 Dedi	uctible HI	MO Plan v	vith HRA
		== . 0	==.0	==			== . 0	==.0	==
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C
<30	\$324	\$888	\$734	\$1,070	<30	\$288	\$788	\$652	\$949
30–39	\$383	\$1,024	\$773	\$1,199	30–39	\$340	\$908	\$686	\$1,063
40–49	\$518	\$1,057	\$810	\$1,343	40–49	\$460	\$938	\$719	\$1,192
50-54	\$692	\$1,437	\$948	\$1,591	50–54	\$614	\$1,275	\$841	\$1,411
55–59	\$859	\$1,786	\$1,114	\$1,958	55–59	\$762	\$1,585	\$988	\$1,737
60-64	\$1,101	\$2,203	\$1,361	\$2,438	60–64	\$977	\$1,955	\$1,208	\$2,163
65+	\$1,335	\$3,044	\$1,584	\$3,193	65+	\$1,185	\$2,701	\$1,406	\$2,833

RATES APPLY TO GROUPS WITH GRANDFATHERED PLANS Grandfathered Plans are not available to New Groups Existing Groups are not allowed to add Grandfathered Plans Existing Groups are not allowed to change a current Grandfather Plan to a different Grandfathered Plan

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Age is based on employee/subscriber	EE+C = eligible employee plus child(ren) (subscriber and child[ren] without spouse) EE+S+C = eligible employee plus spouse and child(ren) (subscriber and spouse and child[ren])



#### **Copayment plans**

	\$5 Copayment Plan					\$15 C	nt Plan		\$20 Copayment Plan					
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C
<30	\$668	\$1,866	\$1,835	\$2,597	<30	\$538	\$1,503	\$1,478	\$2,091	<30	\$489	\$1,367	\$1,344	\$1,902
30–39	\$738	\$2,005	\$1,887	\$2,870	30–39	\$594	\$1,615	\$1,519	\$2,312	30-39	\$541	\$1,469	\$1,382	\$2,103
40–49	\$952	\$2,191	\$1,809	\$2,891	40–49	\$767	\$1,764	\$1,457	\$2,328	40-49	\$698	\$1,605	\$1,326	\$2,118
50-54	\$1,239	\$2,576	\$2,044	\$3,293	50-54	\$998	\$2,075	\$1,646	\$2,652	50-54	\$908	\$1,887	\$1,497	\$2,412
55–59	\$1,566	\$3,289	\$2,341	\$3,783	55–59	\$1,261	\$2,648	\$1,885	\$3,046	55-59	\$1,147	\$2,409	\$1,715	\$2,771
60–64	\$1,932	\$3,670	\$2,584	\$4,284	60–64	\$1,556	\$2,955	\$2,081	\$3,450	60-64	\$1,415	\$2,688	\$1,892	\$3,138
65+	\$2,191	\$4,735	\$3,294	\$5,205	65+	\$1,764	\$3,812	\$2,652	\$4,191	65+	\$1,605	\$3,468	\$2,413	\$3,812
	¢20.4					¢ = 0, 0								

	\$30 (	copayme	nt Plan			\$50 (	copayme	nt Plan	
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C
<30	\$448	\$1,251	\$1,230	\$1,741	<30	\$410	\$1,144	\$1,125	\$1,592
30–39	\$495	\$1,345	\$1,265	\$1,925	30–39	\$453	\$1,230	\$1,157	\$1,760
40–49	\$638	\$1,468	\$1,213	\$1,938	40–49	\$584	\$1,343	\$1,109	\$1,772
50-54	\$831	\$1,727	\$1,370	\$2,208	50-54	\$760	\$1,580	\$1,253	\$2,019
55–59	\$1,050	\$2,205	\$1,570	\$2,536	55–59	\$960	\$2,016	\$1,435	\$2,319
60–64	\$1,295	\$2,460	\$1,732	\$2,872	60–64	\$1,184	\$2,249	\$1,584	\$2,626
65+	\$1,469	\$3,174	\$2,208	\$3,489	65+	\$1,343	\$2,902	\$2,019	\$3,190

#### **Deductible HMO plans**

\$:	\$30/\$1,000 Deductible HMO Plan					30/\$1,500	Deductik	ole HMO F	Plan	\$40/\$2,000 Deductible HMO Plan					
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	
<30	\$372	\$1,018	\$842	\$1,227	<30	\$341	\$933	\$771	\$1,124	<30	\$305	\$834	\$690	\$1,005	
30–39	\$439	\$1,174	\$886	\$1,374	30–39	\$402	\$1,075	\$812	\$1,259	30–39	\$360	\$962	\$726	\$1,126	
40–49	\$594	\$1,212	\$929	\$1,540	40–49	\$544	\$1,110	\$851	\$1,410	40–49	\$486	\$992	\$760	\$1,261	
50-54	\$793	\$1,647	\$1,086	\$1,823	50-54	\$727	\$1,509	\$995	\$1,670	50-54	\$650	\$1,349	\$890	\$1,493	
55–59	\$985	\$2,048	\$1,277	\$2,245	55–59	\$902	\$1,876	\$1,169	\$2,056	55–59	\$807	\$1,678	\$1,046	\$1,839	
60–64	\$1,262	\$2,526	\$1,560	\$2,795	60–64	\$1,156	\$2,314	\$1,429	\$2,560	60–64	\$1,034	\$2,069	\$1,278	\$2,289	
65+	\$1,531	\$3,491	\$1,817	\$3,662	65+	\$1,402	\$3,197	\$1,664	\$3,354	65+	\$1,254	\$2,859	\$1,488	\$2,999	

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Age is based on employee/subscriber	EE+S+C = eligible employee plus spouse and child(ren) (subscriber and spouse and child[ren])

For effective dates January 1–December 1, 2023



#### HSA-qualified deductible HMO plans

\$0/\$2,	000 Dedu	ctible HN	10 Plan w	vith HSA	\$0/\$3,000 Deductible HMO Plan with HSA					\$30/\$3,000 Deductible HMO Plan with HS					
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	
<30	\$348	\$953	\$788	\$1,148	<30	\$268	\$734	\$607	\$885	<30	\$237	\$650	\$537	\$783	
30–39	\$411	\$1,098	\$830	\$1,285	30–39	\$317	\$847	\$640	\$992	30–39	\$280	\$749	\$566	\$877	
40-49	\$556	\$1,134	\$869	\$1,441	40-49	\$428	\$874	\$670	\$1,111	40-49	\$379	\$774	\$593	\$983	
50-54	\$742	\$1,541	\$1,016	\$1,706	50-54	\$572	\$1,188	\$783	\$1,315	50-54	\$506	\$1,051	\$693	\$1,164	
55–59	\$921	\$1,916	\$1,194	\$2,100	55–59	\$710	\$1,477	\$921	\$1,619	55–59	\$629	\$1,308	\$815	\$1,434	
60–64	\$1,181	\$2,363	\$1,460	\$2,615	60-64	\$910	\$1,822	\$1,125	\$2,016	60–64	\$806	\$1,613	\$996	\$1,785	
65+	\$1,432	\$3,265	\$1,700	\$3,425	65+	\$1,104	\$2,518	\$1,310	\$2,641	65+	\$977	\$2,228	\$1,160	\$2,337	

#### Deductible HMO plans with HRA plans

\$30/\$1	,500 Dedi	uctible HI	MO Plan v	with HRA	\$30/\$2	2,500 Ded	uctible HI	MO Plan v	vith HRA
-					-				
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C
<30	\$340	\$931	\$769	\$1,122	<30	\$301	\$825	\$682	\$994
30–39	\$401	\$1,072	\$810	\$1,255	30–39	\$356	\$952	\$719	\$1,114
40–49	\$543	\$1,108	\$849	\$1,408	40-49	\$481	\$982	\$753	\$1,248
50-54	\$725	\$1,505	\$993	\$1,666	50-54	\$643	\$1,335	\$881	\$1,478
55–59	\$900	\$1,872	\$1,167	\$2,052	55–59	\$798	\$1,660	\$1,035	\$1,820
60-64	\$1,153	\$2,308	\$1,425	\$2,554	60-64	\$1,023	\$2,047	\$1,265	\$2,265
65+	\$1,399	\$3,190	\$1,660	\$3,346	65+	\$1,241	\$2,830	\$1,473	\$2,969

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Age is based on employee/subscriber	EE+C = eligible employee plus child(ren) (subscriber and child[ren] without spouse) EE+S+C = eligible employee plus spouse and child(ren) (subscriber and spouse and child[ren])