

# Medical QHDHP Rates Effective July 1, 2023 - June 30, 2024

Salary Range	Medical Type	% of Premium	Monthly Premium	Annual Premium	Employee Annual Cost Based on % of Premium	Employee Monthly Cost Based on % of Premium	Employee Bi-weekly Cost Based on % of Premium*	Employer Annual Cost
0 - \$45,000.00	Single	2.0%	\$608.87	\$7,306.44	\$146.13	\$12.18	\$6.09	\$7,160.31
\$45,000.01 - \$65,000.00	Single	5.0%	\$608.87	\$7,306.44	\$365.32	\$30.44	\$15.22	\$6,941.12
\$65,000.01 +	Single	16.0%	\$608.87	\$7,306.44	\$1,169.03	\$97.42	\$48.71	\$6,137.41
0 - \$45,000.00	EE + Child(ren)	2.0%	\$1,461.71	\$17,540.52	\$350.81	\$29.23	\$14.62	\$17,189.71
\$45,000.01 - \$65,000.00	EE + Child(ren)	5.0%	\$1,461.71	\$17,540.52	\$877.03	\$73.09	\$36.54	\$16,663.49
\$65,000.01 +	EE + Child(ren)	16.0%	\$1,461.71	\$17,540.52	\$2,806.48	\$233.87	\$116.94	\$14,734.04
0 - \$45,000.00	EE + Spouse/Partner	2.0%	\$1,639.76	\$19,677.12	\$393.54	\$32.80	\$16.40	\$19,283.58
\$45,000.01 - \$65,000.00	EE + Spouse/Partner	5.0%	\$1,639.76	\$19,677.12	\$983.86	\$81.99	\$40.99	\$18,693.26
\$65,000.01 +	EE + Spouse/Partner	16.0%	\$1,639.76	\$19,677.12	\$3,148.34	\$262.36	\$131.18	\$16,528.78
0 - \$45,000.00	Family	2.0%	\$1,887.04	\$22,644.48	\$452.89	\$37.74	\$18.87	\$22,191.59
\$45,000.01 - \$65,000.00	Family	5.0%	\$1,887.04	\$22,644.48	\$1,132.22	\$94.35	\$47.18	\$21,512.26
\$65,000.01 +	Family	16.0%	\$1,887.04	\$22,644.48	\$3,623.12	\$301.93	\$150.96	\$19,021.36

**\*NOTE: Bi-weekly deductions are over 24 pay periods.**