

V. Plan Cost

Wellness High Deductible Health Plan Monthly Coverage Rates



NOTE: Full-time employees pay 15% premium cost for medical and prescription benefits associated with the Wellness High Deductible Health Plans.

Part-time employees pay the total premium cost (far right column) for medical and prescription benefits, less a \$35.00 per pay period credit. Part-time employees are not eligible for dental and vision coverage.

Deductions are taken from the first and second pay period of each month. If you want to calculate your deduction amount per pay period, take your monthly contribution and divide it by two.

Wellness High Deductible Health Plan (BCBSM)			
	Employee Cost (Full-Time)	County Cost	Total Cost
Single	\$77.27	\$437.92	\$515.19
Two-Party	\$162.28	\$919.62	\$1,081.90
Family	\$193.19	\$1,094.79	\$1,287.98

Prescription Plan with Wellness High Deductible Health Plan (Capital Rx)			
	Employee Cost (Full-Time)	County Cost	Total Cost
Single	\$19.98	\$113.25	\$133.23
Two-Party	\$41.96	\$237.83	\$279.79
Family	\$49.96	\$283.12	\$333.08