

2023-2024 Biweekly Rates

Biweekly Medical Rates

	Employer (biweekly)	Employee pays biweekly	Total cost of plan
STAR HSA Plan (Summit or Advantage Network)			
Single	\$268.79	\$5.49	\$274.28
Double	\$556.04	\$11.34	\$567.38
Family	\$762.34	\$15.56	\$777.90
Traditional Plan (Summit or Advantage Network)			
Single	\$309.72	\$27.84	\$337.56
Double	\$638.58	\$57.39	\$695.97
Family	\$852.48	\$76.62	\$929.10
Consumer Plus Plan (Summit or Advantage Network)			
Single	\$233.69	0	\$233.69
Double	\$486.23	0	\$486.12
Family	\$695.96	0	\$695.96

Biweekly Vision Rates

	Employee		Employee
EyeMed Full		Opticare Full	
Single	\$3.46	Single	\$3.82
Double	\$5.56	Double	\$5.72
Family	\$7.64	Family	\$8.15
EyeMed, Eyewear Only		Opticare, Eyewear Only	
Single	\$3.01	Single	\$2.97
Double	\$4.69	Double	\$4.37
Family	\$6.37	Family	\$5.90

Opt-Out Benefit - biweekly

Added per paycheck if you waive your medical or dental plan

Medical		Dental	
Single	\$76.93	Single	\$3.85
Double	\$153.85	Double	\$7.70
Family	\$153.85	Family	\$15.39

Biweekly Dental Rates

	Employer (biweekly)	Employee pays biweekly	Total cost of plan
PEHP Preferred Choice			
Single	\$12.09	\$1.35	\$13.44
Double	\$22.45	\$2.50	\$24.95
Family	\$40.84	\$4.56	\$45.40
PEHP Traditional			
Single	\$12.09	\$2.44	\$14.53
Double	\$22.45	\$4.50	\$26.95
Family	\$40.84	\$8.23	\$49.07
PEHP Basic HSA Dental			
Single	\$9.15	\$0.00	\$9.15
Double	\$16.98	\$0.00	\$16.98
Family	\$30.88	\$0.00	\$30.88
PEHP Discount HSA Dental			
Single	\$0.59	\$0.00	\$0.59
Double	\$1.10	\$0.00	\$1.10
Family	\$1.98	\$0.00	\$1.98
EMI Choice Indemnity			
Single	\$12.09	\$6.36	\$18.45
Double	\$22.45	\$10.03	\$32.48
Family	\$40.84	\$16.69	\$57.53

Employer Contributions

Deposited into your HSA

STAR HSA		Basic HSA Dental	
Single	\$909.22	Single	\$74.62
Double	\$1,826.76	Double	\$139.36
Family	\$1,918.54	Family	\$254.28
Consumer Plus		Discount HSA Dental	
Single	\$1,824.68	Single	\$234.26
Double	\$3,649.62	Double	\$428.74
Family	\$3,649.62	Family	\$782.86