

2023 NON UNION

Tier 1 Non Union (Hired Before 11/01/2009)

MEDICAL

DENTAL

PPO 4	EE PER PAY
Single	\$28.34
2 Person	\$68.02
2 Person Spouse	\$78.02
Family	\$85.03
Fam w/ spouse	\$95.03
PPO 6	EE PER PAY
Single	\$44.71
2 Person	\$107.28
2 Person Spouse	\$117.28
Family	\$134.11
Fam w/ spouse	\$144.11

Dental Rates	EE PER PAY
Single	\$1.67
Two-Person	\$3.34
Family	\$5.85

VISION

Vision Rates	PER PAY
Single	\$3.45
Two-Person	\$6.56
Family	\$9.63

Tier 2 Non Union (Hired After 11/01/2009)

MEDICAL

DENTAL

PPO 4	EE PER PAY
Single	\$56.68
2 Person	\$136.04
2 Person Spouse	\$146.04
Family	\$170.05
Fam w/ spouse	\$180.05
PPO 6	EE PER PAY
Single	\$73.05
2 Person	\$175.30
2 Person Spouse	\$185.30
Family	\$219.13
Fam w/ spouse	\$229.13

Dental Rates	EE PER PAY
Single	\$3.34
Two-Person	\$6.68
Family	\$11.70

VISION

Vision Rates	PER PAY
Single	\$3.45
Two-Person	\$6.56
Family	\$9.63

HIGH DEDUCTIBLE HEALTH PLAN With HSA -Non Union

MEDICAL - Employee Elects HDHP-Employer Drops in Seed Money \$500 Single/\$1000 Family in H S A Plus an additional Match of \$500 Single/\$1000 Family

<u>HDHP (High Ded Health Plan)</u>	EE PER PAY
Single	\$0.00
Family	\$0.00

Health Savings Account

Employer Seed Money \$500 Single/\$1000 Family	Deposit 01/01/2020
Single - Optional Employer will Match an additional Amount up to \$500	EE Elects \$19.23 per pay
Family - Optional Employer will Match an additional Amount up to \$1000 Family	EE Elects \$38.46 per pay

Optional EE Contributions

Single	<p>\$3,850.00 - \$500.00(seed money) = \$3,350.00; \$500 Employer match* (\$19.23 per pay) = \$500; \$2,850 (EE Contribution) / 26 pays = \$196.61 (Maximum allowed deduction) *ER will match up to \$500 of the EE's contribution</p>
Family	<p>\$7,750.00 - \$1000.00(seed money) = \$6,750.00; \$1,000 Employer match* (\$38.46 per pay) = \$1,000; \$6,750 (EE Contribution) / 26 = \$259.61 (Maximum allowed deduction) * ER will match up to \$1,000 of the EE's contribution</p>

2023 Health Savings Account Contribution Limits

	ANNUAL IRS CONTRIBUTION LIMIT	ANNUAL LIVINGSTON COUNTY CONTRIBUTION	YOUR MAXIMUM CONTRIBUTION AMOUNT
Individual Coverage	\$3,850*	\$1,000	\$2,850
Family Coverage	\$7,750*	\$2,000	\$5,750