

Non State Employer Rates - as of 1/1/2023

Monthly

Employee Category	Plan A	Plan C	Plan J	Plan N	HSA Plan C	HSA Plan N	2023 Delta Dental Employer	Avesis	
	Employer	Employer	Employer	Employer	Employer Monthly	Employer Monthly		2023 Basic	2023 Enhanced
Full-Time									
Employee Only	\$788.42	\$705.09	\$788.42	\$746.76	\$83.33	\$41.66	\$52.30	\$0.00	\$0.00
Employee + Spouse	\$1,383.88	\$1,217.22	\$1,383.88	\$1,290.13	\$166.66	\$93.75	\$89.08	\$0.00	\$0.00
Employee + Children	\$1,383.88	\$1,217.22	\$1,383.88	\$1,300.55	\$166.66	\$83.33	\$89.08	\$0.00	\$0.00
Employee + Family	\$1,383.88	\$1,217.22	\$1,383.88	\$1,290.13	\$166.66	\$93.75	\$89.08	\$0.00	\$0.00
Part-Time									
Employee Only	\$616.28	\$564.18	\$616.28	\$590.23	\$52.10	\$26.05	\$39.56	\$0.00	\$0.00
Employee + Spouse	\$1,084.34	\$985.38	\$1,084.34	\$1,014.03	\$98.96	\$70.31	\$67.30	\$0.00	\$0.00
Employee + Children	\$1,084.34	\$985.38	\$1,084.34	\$1,034.86	\$98.96	\$49.48	\$67.30	\$0.00	\$0.00
Employee + Family	\$1,084.34	\$985.38	\$1,084.34	\$1,014.03	\$98.96	\$70.31	\$67.30	\$0.00	\$0.00

Base amount does not include discount

Jan 1 2023 (FY 23)
Employer
Monthly rate to include both medical and dental
\$840.72
\$1,472.96
\$1,472.96
\$1,472.96
\$655.84
\$1,151.64
\$1,151.64
\$1,151.64

Non State Employer Rates - as of 7/1/2023

Monthly

Employee Category	Plan A	Plan C	Plan J	Plan N	HSA Plan C	HSA Plan N	2023 Delta Dental Employer	Avesis	
	Employer	Employer	Employer	Employer	Employer Monthly	Employer Monthly		2023 Basic	2023 Enhanced
Full-Time									
Employee Only	\$847.56	\$764.23	\$847.56	\$805.90	\$83.33	\$41.66	\$67.94	\$0.00	\$0.00
Employee + Spouse	\$1,487.68	\$1,321.02	\$1,487.68	\$1,393.93	\$166.66	\$93.75	\$105.94	\$0.00	\$0.00
Employee + Children	\$1,487.68	\$1,321.02	\$1,487.68	\$1,404.35	\$166.66	\$83.33	\$105.94	\$0.00	\$0.00
Employee + Family	\$1,487.68	\$1,321.02	\$1,487.68	\$1,393.93	\$166.66	\$93.75	\$105.94	\$0.00	\$0.00
Part-Time									
Employee Only	\$662.50	\$610.40	\$662.50	\$636.45	\$52.10	\$26.05	\$54.76	\$0.00	\$0.00
Employee + Spouse	\$1,165.66	\$1,066.70	\$1,165.66	\$1,095.35	\$98.96	\$70.31	\$83.44	\$0.00	\$0.00
Employee + Children	\$1,165.66	\$1,066.70	\$1,165.66	\$1,116.18	\$98.96	\$49.48	\$83.44	\$0.00	\$0.00
Employee + Family	\$1,165.66	\$1,066.70	\$1,165.66	\$1,095.35	\$98.96	\$70.31	\$83.44	\$0.00	\$0.00

Base amount does not include discount

July 1 2023 (FY 24)
Employer
Monthly rate to include both medical and dental
\$915.50
\$1,593.62
\$1,593.62
\$1,593.62
\$717.26
\$1,249.10
\$1,249.10
\$1,249.10

HSA - Part of the composite rate is split into separate columns for Plan C and Plan N to cover the cost of the employer contribution into the HSA or HRA. For example, Employee Only Plan C in table 1 is \$705.09 for the insurance and \$83.33 for the HSA. Together, these amounts [\$705.09 + \$83.33] equal \$788.42, the same composite rate as charged for Plan A. The entire composite rate is sent to the SEHP, and the SEHP is responsible for sending the contributions to the HSA/HRA.