## <u>El Paso County Health Benefits</u>

Employee Rate Sheet 1/1/2023 thru 12/31/2023

### **Traditional Consumer Driven Health Plan**

**Employee Bi-Weekly Contribution** 

	*County Contribution	No Discount Deduction	Tobacco Free (2%)	Wellness (4%)	Both Discounts Applied (6%)
Employee Only	\$388.82	\$6.00	\$5.89	\$5.77	\$5.65
Employee & Spouse	\$466.03	\$201.21	\$197.19	\$193.17	\$189.14
Employee & Child(ren)	\$433.98	\$141.17	\$138.35	\$135.52	\$132.70
Employee & Family	\$714.87	\$329.68	\$323.08	\$316.49	\$309.90

#### **Traditional Core Plan**

	*County Contribution	No Discount Deduction	Tobacco Free (2%)	Wellness (4%)	Both Discounts Applied (6%)
Employee Only	\$397.97	\$40.04	\$39.24	\$38.44	\$37.64
Employee & Spouse	\$580.05	\$313.56	\$307.28	\$301.02	\$294.74
Employee & Child(ren)	\$539.20	\$242.31	\$237.46	\$232.62	\$227.77
Employee & Family	\$759.64	\$496.62	\$486.68	\$476.76	\$466.82

# <u>El Paso County Health Benefits</u>

Employee Rate Sheet 1/1/2023 thru 12/31/2023

## Consumer Driven Health Plan Aetna Whole Health (AWH)



Employee Bi-Weekly Contribution

	*County Contribution	No Discount Deduction	Tobacco Free (2%)	Wellness (4%)	Both Discounts Applied (6%)
Employee Only	\$296.56	\$5.40	\$5.30	\$5.19	\$5.09
Employee & Spouse	\$419.43	\$181.09	\$177.47	\$173.85	\$170.23
Employee & Child(ren)	\$390.58	\$127.05	\$124.51	\$121.96	\$119.43
Employee & Family	\$545.24	\$296.71	\$290.78	\$284.85	\$278.91

## **Core Plan**

#### **Aetna Whole Health (AWH)**

	*County Contribution	No Discount Deduction	Tobacco Free (2%)	Wellness (4%)	Both Discounts Applied (6%)
Employee Only	\$358.17	\$36.03	\$35.32	\$34.59	\$33.88
Employee &	φ <b>3</b> 50.17	\$30.05	43 <b>3.</b> 32	404.00	\$33.00
Spouse	\$522.04	\$282.20	\$276.56	\$270.92	\$265.27
Employee &					
Child(ren)	\$485.29	\$218.07	\$213.71	\$209.36	\$204.99
Employee &					
Family	\$683.67	\$446.96	\$438.02	\$429.08	\$420.14



## <u>El Paso County Health Benefits</u>

Employee Rate Sheet 1/1/2023 thru 12/31/2023

## **Consumer Driven Health Plan UMC**

J UNIVERSITY MEDICAL CENTER OF EL PASO

**Employee Bi-Weekly Contribution** 

	*County Contribution	No Discount Deduction	Tobacco Free (2%)	Wellness (4%)	Both Discounts Applied (6%)
Employee Only	\$369.38	\$5.70	\$5.59	\$5.48	\$5.37
Employee & Spouse	\$522.42	\$191.15	\$187.33	\$183.51	\$179.68
Employee & Child(ren)	\$486.49	\$134.10	\$131.44	\$128.75	\$126.07
Employee & Family	\$679.13	\$313.20	\$306.93	\$300.67	\$294.40

### **Core Plan UMC**

	*County Contribution	No Discount Deduction	Tobacco Free (2%)	Wellness (4%)	Both Discounts Applied (6%)
Employee Only	\$378.07	\$38.04	\$37.27	\$36.51	\$35.76
Employee & Spouse	\$551.05	\$297.87	\$291.91	\$285.96	\$280.00
Employee & Child(ren)	\$512.24	\$230.19	\$225.59	\$220.99	\$216.39
Employee & Family	\$721.65	\$471.79	\$462.35	\$452.92	\$443.48







Employee Rate Sheet 1/1/2023 thru 12/31/2023



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Dental

Plan Name	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Dental with Medical Plan	\$0.00	\$13.63	\$27.25	\$40.88
Dental Only	\$13.63	\$27.25	\$40.88	\$54.51



