

**ABGW 2022-2023 Per Paycheck Medical Rates**

Plan	Coverage Level	Total Rates	DPS Contribution	Employee Contribution
MotivHealth 2800 Deductible CDHP	Employee Only	171.50	220.95	-49.45
	Employee and Spouse	416.00	270.95	145.05
	Employee and Children	350.50	337.70	12.80
	Family	579.00	387.70	191.30
Kaiser 3500 Deductible CDHP	Employee Only	203.54	220.95	-17.41
	Employee and Spouse	464.79	270.95	193.84
	Employee and Children	391.62	337.70	53.92
	Family	646.78	387.70	259.08
Kaiser 2800 Deductible CDHP	Employee Only	243.56	220.95	22.61
	Employee and Spouse	556.17	270.95	285.22
	Employee and Children	468.61	337.70	130.91
	Family	773.92	387.70	386.22
Kaiser 1400 Deductible CDHP	Employee Only	282.48	220.95	61.53
	Employee and Spouse	645.04	270.95	374.09
	Employee and Children	543.48	337.70	205.78
	Family	897.57	387.70	509.87
Kaiser 1000 Deductible DHMO	Employee Only	311.25	248.87	62.38
	Employee and Spouse	710.72	298.87	411.85
	Employee and Children	598.82	365.62	233.20
	Family	988.96	415.62	573.34
Aetna 3500 Deductible CDHP	Employee Only	248.60	230.66	17.95
	Employee and Spouse	555.60	293.28	262.32
	Employee and Children	434.82	355.18	79.64
	Family	688.46	415.37	273.09
Aetna 2800 Deductible CDHP	Employee Only	335.98	234.07	101.91
	Employee and Spouse	750.89	301.13	449.77
	Employee and Children	587.65	361.32	226.34
	Family	930.45	425.09	505.36
Aetna 2800 OA Deductible CDHP	Employee Only	376.30	220.95	155.35
	Employee and Spouse	840.99	270.95	570.04
	Employee and Children	658.17	337.70	320.47
	Family	1,042.11	387.70	654.41
Aetna 1000 Deductible DHMO	Employee Only	326.61	261.63	64.99
	Employee and Spouse	729.94	328.20	401.74
	Employee and Children	571.26	388.58	182.69
	Family	904.50	451.97	452.53

\* DPS Contribution as shown do not include the annual \$670 DPS HSA contribution