

Full Time DAEOP 2023-2024 Per Paycheck Medical Rates				
Plan	Coverage Level	Total Rates	DPS Contribution	Employee Contribution
MotivHealth 3000 Deductible CDHP	Employee Only	194.37	171.50	22.87
	Employee and Spouse	443.04	221.50	221.54
	Employee and Children	373.29	288.25	85.04
	Family	616.64	338.25	278.39
Kaiser 3500 Deductible CDHP	Employee Only	217.26	171.50	45.76
	Employee and Spouse	495.23	221.50	273.73
	Employee and Children	417.48	288.25	129.23
	Family	689.06	338.25	350.81
Kaiser 3000 Deductible CDHP	Employee Only	259.86	171.50	88.36
	Employee and Spouse	592.68	221.50	371.18
	Employee and Children	499.07	288.25	210.82
	Family	824.85	338.25	486.60
Kaiser 1500 Deductible CDHP	Employee Only	300.87	171.50	129.37
	Employee and Spouse	686.93	221.50	465.43
	Employee and Children	578.83	288.25	290.58
	Family	956.37	338.25	618.12
Kaiser 1000 Deductible DHMO	Employee Only	331.75	199.42	132.33
	Employee and Spouse	757.22	249.42	507.80
	Employee and Children	639.44	316.17	323.27
	Family	1,053.29	366.17	687.12
UHC CO Doctors CDHP 3500	Employee Only	265.19	171.50	93.69
	Employee and Spouse	592.14	221.50	370.64
	Employee and Children	463.28	288.25	175.03
	Family	733.25	338.25	395.00
UHC CO Doctors 1000	Employee Only	348.26	199.42	148.84
	Employee and Spouse	777.45	249.42	528.03
	Employee and Children	608.65	316.17	292.48
	Family	963.30	366.17	597.13
UHC Choice Plus CDHP 3500	Employee Only	386.60	171.50	215.10
	Employee and Spouse	863.45	221.50	641.95
	Employee and Children	675.75	288.25	387.50
	Family	1,069.80	338.25	731.55

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