



City of Sedona Insurance Premiums

07/01/23 - 06/30/24

HSA MEDICAL PLANS	1500 PLAN <i>\$1,500 deductible - employee only \$3,000 deductible - emp + 1 or more</i>			2500 PLAN <i>\$2,500 deductible - employee only \$5,000 deductible - emp + 1 or more</i>			5000 PLAN <i>\$5,000 deductible - employee only \$10,000 deductible - emp + 1 or more</i>		
	Monthly	Employer Pays	You Pay	Total	Employer Pays	You Pay	Total	Employer Pays	You Pay
Employee	\$749	\$0	\$749	\$674	\$0	\$674	\$562	\$0	\$562
EE + Spouse	\$1,196	\$299	\$1,495	\$1,076	\$269	\$1,345	\$1,122	\$0	\$1,122
EE + Children	\$992	\$248	\$1,240	\$892	\$223	\$1,115	\$931	\$0	\$931
EE + Family	\$1,514	\$378	\$1,892	\$1,362	\$341	\$1,702	\$1,419	\$0	\$1,419

MEDICAL PLANS	COPAY PLAN <i>\$750 deductible</i>			1200 PLAN <i>\$1,200 deductible - employee only \$2,400 deductible - emp + 1 \$3,600 deductible - emp + family</i>		
	Monthly	Employer Pays	You Pay	Total	Employer Pays	You Pay
Employee	\$868	\$152	\$1,020	\$764	\$146	\$910
EE + Spouse	\$1,545	\$497	\$2,042	\$1,456	\$364	\$1,820
EE + Children	\$1,333	\$362	\$1,695	\$1,209	\$302	\$1,511
EE + Family	\$1,891	\$688	\$2,579	\$1,839	\$460	\$2,299

Monthly Dental Coverage	Employer Pays	You Pay	Total	Monthly Vision Coverage	Employer Pays	You Pay	Total	HSA Annual Employer Contributions			
								Employee	1500	2500	5000
Employee	\$42	\$0	\$42	Employee	\$7.19	\$0	\$7.19	Employee	\$1,656	\$1,980	\$2,640
EE + Spouse	\$68	\$17	\$85	EE + Spouse	\$11.51	\$2.88	\$14.39	EE + Spouse	\$2,640	\$2,972	\$2,772
EE + Children	\$57	\$14	\$71	EE + Children	\$12.31	\$3.08	\$15.39	EE + Children	\$2,772	\$3,236	\$3,036
EE + Family	\$88	\$22	\$110	EE + Family	\$19.68	\$4.92	\$24.60	EE + Family	\$3,300	\$3,696	\$3,300