

2024 Plan Rates - EDSD



EDSD
COURAGEOUS LOVE

HSA Limits for 2024 per IRS:

Self-only coverage	\$	4,150
Family Coverage	\$	8,300
55 and older catch-up		\$1,000 more

EDSD 2024 Health Plan Rates	Anthem BCBS CDHP 15/HSA			Anthem BCBS CDHP 20/HSA			Anthem BCBS BlueCard PPO 90		
	Employee Only	EE + 1	Family	Employee Only	EE + 1	Family	Employee Only	EE + 1	Family
Monthly Premium	\$1,035.00	\$1,863.00	\$2,898.00	\$893.00	\$1,607.00	\$2,500.00	\$1,219.00	\$2,194.00	\$3,413.00
HSA ER Contibution									
Annual	\$1,000.00	\$1,000.00	\$1,000.00	\$2,704.00	\$2,704.00	\$2,704.00			
Monthly	\$83.33	\$83.33	\$83.33	\$225.33	\$225.33	\$225.33			
Total Monthly Cost (Prem + HSA)	\$1,118.33	\$1,946.33	\$2,981.33	\$1,118.33	\$1,832.33	\$2,725.33	\$1,219.00	\$2,194.00	\$3,413.00
Employer Share per Month	\$1,066.58	\$1,469.34	\$1,930.20	\$1,066.58	\$1,469.34	\$1,930.20	\$1,066.58	\$1,469.34	\$1,930.20
<i>NOTE: Basic Dental is also ER paid</i>									
Employee Share Per Month	\$51.75	\$476.99	\$1,051.14	\$51.75	\$362.99	\$795.14	\$152.42	\$724.66	\$1,482.80
Increase from 2023									
Employer Increase \$	\$69.15	\$157.38	\$259.12	\$69.15	\$157.38	\$259.11	\$69.15	\$157.38	\$259.11
Employer Increase %	6.93%	12.00%	15.51%	6.93%	12.00%	15.51%	6.93%	12.00%	15.51%
Employee Increase \$	\$2.35	-\$38.88	-\$81.61	\$2.35	-\$45.87	-\$96.61	-\$22.15	-\$73.38	-\$128.11
Employee Increase %	4.76%	-7.54%	-7.20%	4.76%	-11.22%	-10.83%	-12.69%	-9.19%	-7.95%

EDSD 2024 Health Plan Rates	Anthem BCBS BlueCard MSP PPO 90 Available for over 65 year old employees of churches with fewer			Kaiser EPO High			Kaiser EPO 80		
	Employee Only	EE + 1	Family	Employee Only	EE + 1	Family	Employee Only	EE + 1	Family
Monthly Premium	\$985.00	\$1,773.00	\$2,758.00	\$1,271.00	\$2,288.00	\$3,559.00	\$1,098.00	\$1,976.00	\$3,074.00
HSA ER Contibution									
Annual									
Monthly									
Total Monthly Cost (Prem + HSA)	\$985.00	\$1,773.00	\$2,758.00	\$1,271.00	\$2,288.00	\$3,559.00	\$1,098.00	\$1,976.00	\$3,074.00
Employer Share per Month	\$938.00	\$1,469.34	\$1,930.20	\$1,066.58	\$1,469.34	\$1,930.20	\$1,066.58	\$1,469.34	\$1,930.20
<i>NOTE: Basic Dental is also ER paid</i>									
Employee Share Per Month	\$0.00	\$303.66	\$827.80	\$204.42	\$818.66	\$1,628.80	\$31.42	\$506.66	\$1,143.80
Increase from 2023									
Employer Increase \$	\$0.00	\$157.38	\$259.12	\$69.15	\$157.38	\$259.11	\$69.15	\$157.38	\$259.11
Employer Increase %	0.00%	12.00%	15.51%	6.93%	12.00%	15.51%	6.93%	12.00%	15.51%
Employee Increase \$	\$0.00	-\$72.38	-\$127.12	-\$8.15	-\$47.38	-\$88.11	-\$7.15	-\$46.38	-\$86.11
Employee Increase %	n/a	-19.25%	-13.31%	-3.83%	-5.47%	-5.13%	-18.54%	-8.39%	-7.00%

Dental Benefits

Delta Dental									
	Premium Plan			Comprehensive (Base Plan)			Basic Plan		
	Single	Emp + One	Family	Single	Emp + One	Family	Single	Emp + One	Family
Monthly Premium	87	157	244	65	117	182	50	90	140
Employer Share per Month	\$65.00	\$65.00	\$65.00	\$65.00	\$65.00	\$65.00	\$50.00	\$65.00	\$65.00
Employee Share Per Month	\$22.00	\$92.00	\$179.00	\$0.00	\$52.00	\$117.00	\$0.00	\$25.00	\$75.00
Plans change in 2024. Equivalent plans are priced the same as 2023.									

EAP As Stand Alone	4	4	4
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* For employees without health