

MSD WASHINGTON TOWNSHIP
HEALTH INSURANCE COST PER PAY CLASSIFIED
January 1 through December 31, 2023

HEALTH CLASSIFIED & 30 HOUR OR MORE TRANSPORTATION STAFF

MONTHLY COST		
	Choice 1	Choice 2
Deductible	\$1,500	\$3,000
Single	\$ 186.69	\$ 86.24
EE + Spouse	\$ 593.92	\$ 361.51
EE + Child(ren)	\$ 539.28	\$ 336.77
Family	\$ 631.11	\$ 398.91

	Cost per pay	
CHOICE 1	24 PAYS	18 PAYS
Single	\$ 93.35	\$ 124.46
EE + Spouse	\$ 296.96	\$ 395.95
EE + Child(ren)	\$ 269.64	\$ 359.52
Family	\$ 315.56	\$ 420.74

	Cost per pay	
CHOICE 2	24 PAYS	18 PAYS
Single	\$ 43.12	\$ 57.49
EE + Spouse	\$ 180.76	\$ 241.01
EE + Child(ren)	\$ 168.39	\$ 224.51
Family	\$ 199.46	\$ 265.94

Benefit premiums paid by employees in 24 installments for employees who receive 26 pays on their regular pay schedule and in 18 installments for employees who receive 25 pays or less on their regular pay schedule.