FAIRMONT AND SOUTHERN PLAINS INSURANCE RATES

	Jan-Dec 2023 Jan-Dec 2023		Jan-Dec 2024		Jan-Dec 2024		Jan-Dec 2024		
	Medica Choice HSA	Medica Choice HSA	MHC Medica	MHC Medica Choice HSA		MHC Medica Choice HSA		MHC Medica Choice HSA	
	OPEN Network	MAYO ONLY Networ	OPEN Network		MAYO ONLY Network		UHD ONLY Network		
Plan Name:	Monthly	Monthly	Monthly	Annual	Monthly	Annual	NO OUT OF NETW Monthly	ORK REFERRALS * Annual	
	Premium	Premium	Premium	Premium	Premium	Premium	Premium	Premium	
Single	\$ 765.19	\$ 742.23	\$ 879.96	\$ 10,559.52	\$ 853.56	\$ 10,242.72	\$ 769.98	\$ 9,239.76	
		•							
Family	\$ 2,031.04	\$ 1,970.10	\$ 2,335.70	\$ 28,028.40	\$ 2,265.62	\$ 27,187.44	\$ 2,043.74	\$ 24,524.88	
	HSA Compatible	•	\$3500 deductib	le/pp - \$7000/far	nily		*(IE: cannot go to Ma before bein		
	•		Max out of pocl	ket \$7000/pp - \$1	14000/family				
	Jan-I	Dec 2024	Jan-D	ec 2024	Jan-Dec 2024	Jan-Dec 2024			
	DENTAL		VISION		SHORT TERM HEALTHIESTYOU				
		Financial	_	oal VSP	DISABILITY	Online Health App	-		
Plan Name:	Monthly	Annual	Monthly	Annual	Monthly	Monthly			
	Premium	Premium	Premium	Premium	Premium	Premium			
Circ el e	\$ 36.39	\$ 436.68	\$ 10.58	\$ 126.96	E00/\$40				
Single Emp + Spouse	\$ 36.39 \$ 72.97	,		\$ 126.96 \$ 234.96	.528/\$10	Provided By			
Emp + Children	\$ 88.84			\$ 250.56		District			
Family	\$ 135.68	, ,		\$ 383.28		Family Coverage			
	Max Benefit \$20 Prev 100%	00/person							
	Basoc 80%, Maj	or 50%							
	Jan-Dec 2024	Jan-Dec 2024	Jan-Dec 2024						
	HSA Limits	FSA Medical							
	H5A LIMITS	Limits	FSA Dep Care Limits						
Single	\$4,150	\$3,200							
Family	\$8,300		\$5,000						
Catchup 55+	\$1,000	\$640 carryover							
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