## KenCrest Services Full Time Health Insurance Premiums

## Plan Year 2022-2023

New rates begin 7/1/2022. All rates listed are per month.

	Fulltime Employee's Contribution	Employee's Contribution Last Year	Employee Difference for New Plan Year	
Aetna HMO 40 Select (\$40 Primary Care Copay) Employee EE/Children EE/Spouse Family	\$255.00 \$1,043.62 \$1,518.95 \$2,188.32	\$234.44 \$968.62 \$1,423.95 \$2,073.32	\$20.56 \$75.00 \$95.00 \$115.00	
Aetna POS Choice 25 (\$25 Primary Care Copay) Employee EE/Children EE/Spouse Family	\$393.23 \$1,274.08 \$1,835.16 \$2,594.42	\$343.23 \$1,169.09 \$1,675.16 \$2,409.42	\$50.00 \$104.99 \$160.00 \$185.00	
Aetna POS Choice 15 (\$15 Primary Care Copay) Employee EE/Children EE/Spouse Family	\$468.86 \$1,388.25 \$2,013.09 \$2,830.60	\$393.86 \$1,248.25 \$1,803.09 \$2,585.60	\$75.00 \$140.00 \$210.00 \$245.00	
Aetna Choice POS HDHP \$3000/\$6000 Deductible Employee EE/Children EE/Spouse Family	\$0.00 \$417.34 \$694.87 \$1,022.72	\$0.00 \$387.34 \$664.87 \$982.72	\$0.00 \$30.00 \$30.00 \$40.00	KC Deposit to HSA** \$100.00 \$100.00 \$100.00 \$100.00

\*\*All fulltime employees enrolled in the HDHP \$3000/\$6000 will receive monthly HSA deposits from KenCrest. (No employee contribution is required to be eligible for these deposits.)

Aetna Choice POS HDHP			
\$2000/\$4000 Deductible			
Employee	\$120.00	\$115.39	\$4.61
EE/Children	\$674.12	\$674.12	\$0.00
EE/Spouse	\$1,037.53	\$1,037.53	\$0.00
Family	\$1,502.11	\$1,502.11	\$0.00