

Monthly Insurance Rates from July 1, 2022 to June 30, 2023

NHSEA and Act 93

Plan	Coverage	Medical	Rx	Med & RX	Dental	Monthly	Annual	Premium	Annual	Employer	Per Pay	Per Pay
						Costs	Costs	Share %**	Premium		Share	Premium
BMCS Open Choice 1	Single	565.90	133.03	698.93	45.86	744.79	8,937.48	14.50%	1,295.93	7,641.55	58.91	49.84
	Employee / Child	867.34	203.73	1,071.07	134.19	1,205.26	14,463.12	14.50%	2,097.15	12,365.97	95.33	80.66
	Employee / Children	1,250.32	345.68	1,596.00	134.19	1,730.19	20,762.28	14.50%	3,010.53	17,751.75	136.84	115.79
	Two Adults	1,302.56	305.95	1,608.51	134.19	1,742.70	20,912.40	14.50%	3,032.30	17,880.10	137.83	116.63
	Family	1,673.62	393.09	2,066.71	134.19	2,200.90	26,410.80	14.50%	3,829.57	22,581.23	174.07	147.29
BMCS Open Choice 2	Single	538.91	133.03	671.94	45.86	717.80	8,613.60	14.50%	1,248.97	7,364.63	56.77	48.04
	Employee / Child	825.97	203.73	1,029.70	134.19	1,163.89	13,966.68	14.50%	2,025.17	11,941.51	92.05	77.89
	Employee / Children	1,190.67	345.68	1,536.35	134.19	1,670.54	20,046.48	14.50%	2,906.74	17,139.74	132.12	111.80
	Two Adults	1,240.41	305.95	1,546.36	134.19	1,680.55	20,166.60	14.50%	2,924.16	17,242.44	132.92	112.47
	Family	1,593.79	393.09	1,986.88	134.19	2,121.07	25,452.84	14.50%	3,690.66	21,762.18	167.76	141.95
BMCS Point of Service	Single	544.39	133.03	677.42	45.86	723.28	8,679.36	14.50%	1,258.51	7,420.85	57.21	48.40
	Employee / Child	834.39	203.73	1,038.12	134.19	1,172.31	14,067.72	14.50%	2,039.82	12,027.90	92.72	78.45
	Employee / Children	1,202.81	345.68	1,548.49	134.19	1,682.68	20,192.16	14.50%	2,927.86	17,264.30	133.08	112.61
	Two Adults	1,253.05	305.95	1,559.00	134.19	1,693.19	20,318.28	14.50%	2,946.15	17,372.13	133.92	113.31
	Family	1,610.03	393.09	2,003.12	134.19	2,137.31	25,647.72	14.50%	3,718.92	21,928.80	169.04	143.04

*Vision Coverage is included at no cost to the Full Time employee at the same level of coverage as the employee Medical & Rx (Single or Family)