

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

NHSESP																			
Plan	Coverage	Medical	Rx	Subtotal	Dental	Subtotal	Annual Costs	Premium Share %		Annual Premium Share		Employer Share		Per Pay Premium Share (10 Month)		Per Pay Premium Share (12 Month)			
								NHSESP		NHSESP		NHSESP		NHSESP		NHSESP		NHSESP	
								\$35,000 or less	Over \$35,000	\$35,000 or less	Over \$35,000	\$35,000 or less	Over \$35,000	\$35,000 or less	Over \$35,000	\$35,000 or less	Over \$35,000	\$35,000 or less	Over \$35,000
BMCS Open Choice 1	Single	565.90	133.03	698.93	45.86	744.79	8,937.48	11.25%	12.25%	1,005.47	1,094.84	7,932.01	7,842.64	45.70	49.77	38.67	42.11		
	Employee / Child	867.34	203.73	1,071.07	134.19	1,205.26	14,463.12	11.25%	12.25%	1,627.10	1,771.73	12,836.02	12,691.39	73.96	80.53	62.58	68.14		
	Employee / Children	1,250.32	345.68	1,596.00	134.19	1,730.19	20,762.28	11.25%	12.25%	2,335.76	2,543.38	18,426.52	18,218.90	106.17	115.61	89.84	97.82		
	Husband / Wife	1,302.56	305.95	1,608.51	134.19	1,742.70	20,912.40	11.25%	12.25%	2,352.65	2,561.77	18,559.75	18,350.63	106.94	116.44	90.49	98.53		
	Family	1,673.62	393.09	2,066.71	134.19	2,200.90	26,410.80	11.25%	12.25%	2,971.22	3,235.32	23,439.58	23,175.48	135.06	147.06	114.28	124.44		
BMCS Open Choice 2	Single	538.91	133.03	671.94	45.86	717.80	8,613.60	11.25%	12.25%	969.03	1,055.17	7,644.57	7,558.43	44.05	47.96	37.27	40.58		
	Employee / Child	825.97	203.73	1,029.70	134.19	1,163.89	13,966.68	11.25%	12.25%	1,571.25	1,710.92	12,395.43	12,255.76	71.42	77.77	60.43	65.80		
	Employee / Children	1,190.67	345.68	1,536.35	134.19	1,670.54	20,046.48	11.25%	12.25%	2,255.23	2,455.69	17,791.25	17,590.79	102.51	111.62	86.74	94.45		
	Husband / Wife	1,240.41	305.95	1,546.36	134.19	1,680.55	20,166.60	11.25%	12.25%	2,268.74	2,470.41	17,897.86	17,696.19	103.12	112.29	87.26	95.02		
	Family	1,593.79	393.09	1,986.88	134.19	2,121.07	25,452.84	11.25%	12.25%	2,863.44	3,117.97	22,589.40	22,334.87	130.16	141.73	110.13	119.92		
BMCS Open Choice 3	Single	479.60	133.03	612.63	45.86	658.49	7,901.88	11.25%	12.25%	888.96	967.98	7,012.92	6,933.90	40.41	44.00	34.19	37.23		
	Employee / Child	735.11	203.73	938.84	134.19	1,073.03	12,876.36	11.25%	12.25%	1,448.59	1,577.35	11,427.77	11,299.01	65.85	71.70	55.72	60.67		
	Employee / Children	1,059.67	345.68	1,405.35	134.19	1,539.54	18,474.48	11.25%	12.25%	2,078.38	2,263.12	16,396.10	16,211.36	94.47	102.87	79.94	87.04		
	Husband / Wife	1,103.94	305.95	1,409.89	134.19	1,544.08	18,528.96	11.25%	12.25%	2,084.51	2,269.80	16,444.45	16,259.16	94.75	103.17	80.17	87.30		
	Family	1,418.44	393.09	1,811.53	134.19	1,945.72	23,348.64	11.25%	12.25%	2,626.72	2,860.21	20,721.92	20,488.43	119.40	130.01	101.03	110.01		
BMCS Point of Service	Single	544.39	133.03	677.42	45.86	723.28	8,679.36	11.25%	12.25%	976.43	1,063.22	7,702.93	7,616.14	44.38	48.33	37.56	40.89		
	Employee / Child	834.39	203.73	1,038.12	134.19	1,172.31	14,067.72	11.25%	12.25%	1,582.62	1,723.30	12,485.10	12,344.42	71.94	78.33	60.87	66.28		
	Employee / Children	1,202.81	345.68	1,548.49	134.19	1,682.68	20,192.16	11.25%	12.25%	2,271.62	2,473.54	17,920.54	17,718.62	103.26	112.43	87.37	95.14		
	Husband / Wife	1,253.05	305.95	1,559.00	134.19	1,693.19	20,318.28	11.25%	12.25%	2,285.81	2,488.99	18,032.47	17,829.29	103.90	113.14	87.92	95.73		
	Family	1,610.03	393.09	2,003.12	134.19	2,137.31	25,647.72	11.25%	12.25%	2,885.37	3,141.85	22,762.35	22,505.87	131.15	142.81	110.98	120.84		

\*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)